



FAMILY MEDICAL ASSOCIATES OF RALEIGH

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EMPLOYMENT APPLICATION

Today's Date: _____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ - _____ - _____ Social Security No.: _____ - _____ - _____

Employment Desired	Position	Hours	Date Available	Salary Desired
_____	_____	_____	_____	_____

Are you currently employed? Yes No
 If so, may we contact your current employer? Yes No
 If no, please explain: _____
 Have you ever applied to this office before? Yes No

Education	Name and Location of Schools	Did you graduate?	Major/Minor(s)
High School		Y/N	
College		Y/N	
Trade, Business, Correspondence School		Y/N	

Continuing Education or special training (please specify): _____

Personal References: Name, Address, & Phone Number	Nature of acquaintance:	Years acquainted:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

I authorize all persons and companies named above and others determined appropriate, except my present employer in so noted, to furnish any information regarding me whether or not it is on their records, and hereby release them from all liability for damage for providing the information. In addition, I understand that a routine inquiry may be made to validate the information I have placed on this application. Upon my written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I further understand that any employment offered to me will not for any definite period of time and is subject to termination with or without cause, by the employer or at my own election at any time for any reason. I understand that my employment is at will and that this policy cannot be changed except in a written document signed by an authorized officer of the company and also signed by me.

Signature: _____ **Date:** _____