



WESTERN ANESTHESIOLOGY ASSOCIATES, INC.

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative
 Walk In Employment Agency Other _____

Name _____
Last First Middle

Current Address _____
Number Street City State Zip

Telephone (_____) _____ Social Security Number _____

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? If yes, give date _____ Yes No

Have you ever been employed here before? If yes, give date _____ Yes No

Are you employed now? Yes No

May we contact your present employer? Yes No

Are you a U.S. citizen or can you establish that you are an authorized worker? Yes No

On what date are you available for work? _____

Are you available to work Full time Part time Special assignment

Are you on layoff and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

If yes, please explain _____

Approximate rate of pay expected: _____

Do you have the physical ability to perform all essential duties of the job(s) for which you are applying? Yes No

If no, please explain _____

Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? Yes No

If yes, please indicate _____

List professional, trade, business, or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin.) _____

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

	ELEMENTARY	HIGH	COLLEGE/UNIVERSITY	GRADUATE PROFESSIONAL
School Name				
Years Completed (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities				
Honors Received:				

State any additional information you feel may be helpful to us in considering your employment:

EMPLOYMENT EXPERIENCES

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	DATES EMPLOYED		WORK PERFORMED:
	FROM	TO	
EMPLOYER			
ADDRESS			

JOB TITLE	HOURLY RATE / SALARY		WORK PERFORMED:
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			
2	DATES EMPLOYED		
EMPLOYER	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE / SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			
3	DATES EMPLOYED		WORK PERFORMED:
EMPLOYER	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE / SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			
4	DATES EMPLOYED		
EMPLOYER	FROM	TO	
ADDRESS			
JOB TITLE	HOURLY RATE / SALARY		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, or the presence of a non-job-related medical condition or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize you to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements

contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either myself or the Company. In the event that I am employed, I understand that regardless of the shift and job that I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of the Company. I understand that I must meet the health standards established by the Company as a condition of initial and continued employment, which will be determined by a physical examination which will include drug, alcohol, and AIDS screening, if requested. I understand, also, that if employed I am required to abide by all rules and regulations of the Company.

Signature of Applicant

Date

**MAIL COMPLETED FORM TO: Western Anesthesiology Assoc., Inc.
ATTN: Job Applications
339 Consort Drive
Ballwin, MO 63301**

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Position Considered _____

Interviewed By _____ Date _____

Accepted for Employment _____

Comments _____

