

## APPLICATION FOR EMPLOYMENT

DR. ASTRID GUTSMANN P.A. ("Dr. CAREing") IS AN EQUAL OPPORTUNITY EMPLOYER

### PERSONAL DATA

NAME	LAST	FIRST	MIDDLE	DATE
MAILING ADDRESS (P.O. BOX, STREET, CITY, STATE, ZIP CODE)				
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)				
HOME PHONE ( )	CELL PHONE ( )	SOCIAL SECURITY NUMBER	ARE YOU 18 OR OVER? YES <input type="checkbox"/> NO <input type="checkbox"/>	ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? .....YES <input type="checkbox"/> NO <input type="checkbox"/>				
CAN YOU PROVIDE DOCUMENTS TO ESTABLISH ELIGIBILITY? .....YES <input type="checkbox"/> NO <input type="checkbox"/>				
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR, INCLUDING DRIVING UNDER THE INFLUENCE OF INTOXICANTS? (NOT TO BE COMPLETED BY APPLICANTS IN HAWAII, PRIOR TO A CONDITIONAL OFFER OF EMPLOYMENT. CONNECTICUT, ILLINOIS AND MASSACHUSETTS APPLICANTS ARE NOT REQUIRED TO DISCLOSE THE EXISTENCE OF ANY CRIMINAL CHARGES OR CONVICTIONS THAT HAVE BEEN ERASED, EXPUNGED OR SEALED. In MASSACHUSETTS, "An applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions." YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, LIST DATE(S), OFFENSE(S), AND WHERE CONVICTED. ATTACH A SEPARATE SHEET OF PAPER WITH INFORMATION IF NECESSARY. (A CONVICTION IS NOT NECESSARILY A BAR FOR EMPLOYMENT. CONVICTIONS WILL BE CONSIDERED ONLY AS RELATED TO THE JOB APPLIED FOR).				
HAVE SUPPLIED A RESUME OR OTHER ADDITIONAL INFORMATION TO BE USED AS PART OF THIS APPLICATION YES <input type="checkbox"/> NO <input type="checkbox"/>				

### PLACEMENT INFORMATION

POSITION APPLIED FOR	ARE YOU INTERESTED IN FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMP <input type="checkbox"/>																								
REFERRAL SOURCE: <input type="checkbox"/> WALK IN <input type="checkbox"/> CUSTOMER <input type="checkbox"/> Dr. CAREing WEBSITE <input type="checkbox"/> INTERNET POSTING <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> JOB FAIR <input type="checkbox"/> EMPLOYEE REFERRAL WHO REFERRED YOU TO Dr. CAREing? _____ <input type="checkbox"/> OTHER _____																									
HOURS AVAILABLE TO WORK FROM:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">SUNDAY</td> <td style="width: 10%;">MONDAY</td> <td style="width: 10%;">TUESDAY</td> <td style="width: 10%;">WEDNESDAY</td> <td style="width: 10%;">THURSDAY</td> <td style="width: 10%;">FRIDAY</td> <td style="width: 10%;">SATURDAY</td> </tr> <tr> <td>AM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	AM								PM							
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AM																									
PM																									
SALARY OR WAGE DESIRED	DATE AVAILABLE																								
HAVE YOU EVER BEEN EMPLOYED BY Dr. CAREing? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, STATE WHEN, WHERE, WHAT LOCATION AND REASON FOR LEAVING.																									

### EMPLOYMENT HISTORY

LIST ALL EMPLOYERS WITH CURRENT OR MOST RECENT EMPLOYMENT FIRST. ACCOUNT FOR ALL TIME PERIODS, INCLUDING MILITARY SERVICE AND PERIODS OF UNEMPLOYMENT EXCEEDING 30 DAYS. IF NECESSARY, ATTACH A SEPARATE SHEET OF PAPER WITH INFO.		
PRESENT/ LAST EMPLOYER	TELEPHONE NUMBER ( )	SUPERVISOR'S NAME
ADDRESS	DATES EMPLOYED / TO / MO YR MO YR	LAST RATE OF PAY/SALARY
POSITION	REASON FOR LEAVING OR SEEKING OTHER EMPLOYMENT	

<b>SUMMARY OF DUTIES</b>
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<b>PREVIOUS EMPLOYER</b>	<b>TELEPHONE NUMBER</b> (    )	<b>SUPERVISOR'S NAME</b>
<b>ADDRESS</b>	<b>DATES EMPLOYED</b> /    TO    / MO YR            MO YR	<b>LAST RATE OF PAY/SALARY</b>
<b>POSITION</b>	<b>REASON FOR LEAVING</b>	
<b>SUMMARY OF DUTIES</b>		

<b>PREVIOUS EMPLOYER</b>	<b>TELEPHONE NUMBER</b> (    )	<b>SUPERVISOR'S NAME</b>
<b>ADDRESS</b>	<b>DATES EMPLOYED</b> /    TO    / MO YR            MO YR	<b>LAST RATE OF PAY/SALARY</b>
<b>POSITION</b>	<b>REASON FOR LEAVING</b>	
<b>SUMMARY OF DUTIES</b>		

<b>PREVIOUS EMPLOYER</b>	<b>TELEPHONE NUMBER</b> (    )	<b>SUPERVISOR'S NAME</b>
<b>ADDRESS</b>	<b>DATES EMPLOYED</b> /    TO    / MO YR            MO YR	<b>LAST RATE OF PAY/SALARY</b>
<b>POSITION</b>	<b>REASON FOR LEAVING</b>	
<b>SUMMARY OF DUTIES</b>		

**EDUCATION RECORD**

LIST LAST HIGH SCHOOL AND ALL BUSINESS, TRADE SCHOOLS AND COLLEGES ATTENDED		
NAME AND LOCATION (CITY/STATE) OF SCHOOL	MAJOR / MINOR	DEGREE/DIPLOMA

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**MEDICAL OFFICE / SOFTWARE KNOWLEDGE**

BILLING SYSTEMS _____
SOFTWARE KNOWLEDGE _____
PC KNOWLEDGE _____

**REFERENCES**

<b>LIST 2 REFERENCES BELOW THAT WE MAY CONTACT WHO ARE FAMILIAR WITH YOUR WORK PERFORMANCE. USE PERSONAL REFERENCES, (NOT RELATIVES), ONLY IF YOU HAVE NO EMPLOYMENT REFERENCES.</b>			
<b>CHECK ONE</b> <input type="checkbox"/> EMPLOYMENT REF. <input type="checkbox"/> PERSONAL REF.	<b>NAME</b>	<b>OCCUPATION</b>	<b>YEARS KNOWN</b>
<b>ADDRESS (STREET, CITY, STATE, ZIP, CODE)</b>			<b>TELEPHONE NUMBER</b> ( )
<b>CHECK ONE</b> <input type="checkbox"/> EMPLOYMENT REF. <input type="checkbox"/> PERSONAL REF.	<b>NAME</b>	<b>OCCUPATION</b>	<b>YEARS KNOWN</b>
<b>ADDRESS (STREET, CITY, STATE, ZIP, CODE)</b>			<b>TELEPHONE NUMBER</b> ( )

**IMPORTANT: PLEASE READ, SIGN AND DATE**

1. I DECLARE THAT ALL STATEMENTS AND ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE AND AGREE THAT ANY UNTRUTH, MISLEADING ANSWER, OMISSION, CONCEALMENT OR FAILURE TO ANSWER ANY QUESTION FULLY, COMPLETELY AND ACCURATELY WILL BE GROUNDS FOR TERMINATING MY EMPLOYMENT OR WITHDRAWAL OF THE EMPLOYMENT OFFER.
2. I AUTHORIZE DR. CAREING, INC. OR ANY AGENT TO INVESTIGATE MY REFERENCES, TO COMMUNICATE WITH MY FORMER EMPLOYERS CONCERNING THE SAME, AND TO MAKE AN INDEPENDENT BACKGROUND INVESTIGATION OF MY CHARACTER, CONDUCT AND EMPLOYMENT RECORD, AND TO KEEP AND PRESERVE RECORDS OF SUCH INVESTIGATIONS.
3. THE COMPLETION OF AN APPLICATION WITH DR. CAREING, INC. IS A PRELIMINARY STEP TO EMPLOYMENT. IT DOES NOT OBLIGATE DR. CAREING, INC. TO OFFER EMPLOYMENT, OR ME TO ACCEPT EMPLOYMENT. I AGREE THAT IF EMPLOYMENT IS OFFERED TO AND ACCEPTED BY ME, IT IS MUTUALLY UNDERSTOOD THAT ANY EMPLOYMENT IS NOT CONFINED TO A FIXED TERM AND MAY BE ENDED BY EITHER PARTY WITHOUT PRIOR NOTICE. ALL EMPLOYMENT WITH DR. CAREING IS "AT WILL," AND MAY BE TERMINATED WITH OR WITHOUT CAUSE.
4. I UNDERSTAND THAT FEDERAL LAW REQUIRES ALL PERSONS HIRED BY DR. CAREING TO SUBMIT PROPER DOCUMENTATION TO VERIFY THEY ARE AUTHORIZED TO LEGALLY WORK IN THE UNITED STATES. FAILURE TO SUBMIT SUCH PROOF WITHIN THE REQUIRED TIME WILL RESULT IN IMMEDIATE TERMINATION.
5. I UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON THE SUCCESSFUL COMPLETION OF A BACKGROUND INVESTIGATION.
6. I UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE CONTINGENT UPON AND SUBJECT TO CONSENTING TO AND UNDERGOING DRUG TESTING, WHERE ALLOWED BY LAW, THE RESULTS OF WHICH MUST BE SATISFACTORY.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE