



Employment Application

It is the policy of Compass IPA (and its member practices) to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Date: _____ Presently Employed? [] Yes [] No

Last _____ First _____ Middle _____

Home Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Email: _____

Social Security #: _____ Date of Birth: _____

Position applied for: _____

How did you hear of this opening _____

Date Available _____ Desired Wage \$ _____

U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? [] Yes [] No

Type of Employment Desired: [] Fulltime [] Part-time [] PRN

Have you ever been arrested? [] Yes [] No Convicted of a felony? [] Yes [] No

If yes, please fully describe the circumstances:

Have you ever been a member of the U.S. Armed Forces? [] Yes [] No

If Yes, branch and last rank: _____.

Education: School Name and Location, Year, Major Degree

High School _____

College _____

Other Education _____

Licensures/Certifications _____

In addition to your work history, other skills, qualifications, or experience we should consider:

Employment History: (Start with most recent employer.)

Company name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? [] Yes [] No
Responsibilities _____
Reason for leaving _____

Company name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? [] Yes [] No
Responsibilities _____
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Company name _____
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Company name _____
Address _____ Telephone _____
Date Started _____ Starting Wage _____ Starting Position _____
Date Ended _____ Ending Wage _____ Ending Position _____
Name of Supervisor _____ May we contact? [] Yes [] No
Responsibilities _____
Reason for leaving _____

Attach additional information if necessary.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

This company is hereby authorized to make any investigations of my prior educational, employment, or other history, including background checks.

I give my permission for Compass IPA (or any of its member practices) to have me drug tested and to receive the results, both before and during employment. I consent to a pre-employment physical.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment will continue on that basis. I understand that no supervisor, manager, or executive of this company, other than an Officer of the Corporation has the authority to alter the foregoing.

Signature _____ Date _____