



UNIVERSITY PHYSICIANS' ASSOCIATION Application for Employment

PERSONAL INFORMATION

Name: _____ Date: _____
Last First Middle Other

Address: _____
Street Apt# City State Zip

Social Security #: _____ Are you at least 18 years or older? Yes No

Telephone Home: _____ Office: _____ Email: _____

Positions Applying for: _____

Check All That Apply: Full-Time Part-Time

Date Available: _____ Salary Desired: _____ Previously Applied: Yes No

Referred By: Ad Employee Other: _____

List Current Professional License, Certification, Registration, Type: _____

Document #: _____ State: _____ Expiration Date: _____

Relatives Employed By UPA:

Name Department Relationship

Name Department Relationship

Are you a U.S. citizen? Yes No

If not, indicate type of visa: _____ Expiration Date: _____

Have you ever pled guilty or no contest to, or ever been convicted of, a crime, including a misdemeanor or felony (not including any misdemeanor traffic offenses that are more than 3 years old)? Yes No

At the time of making this application, are you under felony indictment or charged with a misdemeanor criminal violation? Yes No

If yes, please provide date(s) and details (use additional paper as necessary)

Answering yes to either of these questions will not constitute an automatic bar to employment. UPA will take into account facts such as date, seriousness, and nature of the offense and the position applied for.

Educational Information			
	Completed High School	College/University	Graduate/Professional
Certification/Degree Received	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe Specialized Training and Certifications			

Employment History (List Most Recent Employer First)

Employer: _____ Telephone: _____
 Address: _____
 Job Title: _____ Supervisor: _____
 Beginning Date: _____ Ending Date: _____ Salary: _____
 Reason For Leaving: _____
 Duties: _____

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Describe activities for periods not covered by schooling or employment and any other comments you feel would be important in consideration of your application: _____

APPLICANT'S UNDERSTANDING, AGREEMENT AND CERTIFICATION

By my signature below, I understand, agree and certify:

- Any misrepresentations or deliberate omissions on this application may be justification for refusal of employment, or if employed, termination by UPA; therefore, the information I have supplied in the employment application is accurate to the best of my knowledge and is subject to verification by UPA.
- Individuals, schools and employers are authorized and released from liability to provide UPA or its agents with any information required to render an employment decision. List exceptions and reasons: _____

- A background search conducted by a consumer reporting agency, which may include verification of education, credentials, previous employment/work history, personal references, motor vehicle records, and any criminal history, will be completed for all final applicants prior to the final employment offer. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by UPA and to receive, orally, written or electronically, a copy of the consumer report and a description of the rights of a consumer.
- All final applicants for employment with UPA will be required to successfully complete and pass a drug and alcohol screen prior to the final employment offer.
- If employed and I ever appear to the employer to be unfit for duty due to suspected influence of alcohol or other drugs, am involved in an accident or safety incident, hold a safety critical job, or am recalled from layoff, I may be subject to further alcohol and other drug screening including screening of my blood, urine, breath or saliva. If I refuse, I will face disciplinary consequences, up to and including loss of employment. I hereby authorize any physician, laboratory, hospital or medical professional retained by UPA to both conduct such screening and provide the results thereof to employer. I release UPA, its agents, employees and any such institution or person(s) from liability.
- If employed, I must provide proof of United States Citizenship or Naturalization, or for aliens, authorization to work in U.S. within 3 days of employment or I will be suspended without pay.
- All employment begins with a 3-month initial evaluation period during which I can be terminated without cause.
- For all payroll purposes, direct deposit is required. Individual payroll checks will not be issued.
- I understand my employment is terminable at will, with or without notice, regardless of length of service.
- If disabled, I am responsible to discuss with the hiring supervisor any reasonable accommodations required to perform the essential functions of any position for which I am considered.
- Applications that provide unsolicited information will not be processed.
- Unsigned or incomplete applications will not be processed.
- I have not been convicted of healthcare fraud. I further certify that I have not been excluded, debarred, sanctioned, or otherwise declared ineligible to participate in any federal government programs. (If you have been officially reinstated into the Medicare and Medicaid programs by the Office of Inspector General, you may be considered for employment upon proof of such reinstatement).

Signature of Applicant

Date