

NAAMAN CLINIC APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and provide equal, non-preferential employment opportunities to all applicants and employees without regard to race, color, religion, creed, sex, national origin, age, or disability to the full extent provided by law.

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Phone Number _____

Are you 18 years or older? Yes No

If offered employment, can you furnish proof of United States citizenship, or your legal right to work in the United States? Yes No

In Case of Emergency Notify _____
Name Address Phone No.

Please state name of any relatives or friends employed by this employer:

EMPLOYMENT DESIRED

Position _____ Salary Desired _____

Are you seeking work: Full-time Part-time

If hired, date you can start _____ Are you presently employed? _____

If so, may we contact your present employer? _____

Have you previously applied with this employer? _____ If yes, when? _____

EDUCATION

Name and Location of School	Last Year Completed	Did you graduate?	Subjects studied and degrees received
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High School _____

College/University _____

Trade, Business, Correspondence or Graduate School _____

Subjects of special study or research work _____

FORMER EMPLOYERS

List below last four employers, beginning with most recent employer first.

Date, Month, Year	Name and Address of Employer	Salary	Last Position	Reason for Leaving
From To				
From To				
From To				
From To				

REFERENCES

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Telephone Number	Business	Years Acquainted
1.			
2.			
3.			

For purposes of confirming the accuracy of the information provided in this application, and determining my qualifications and suitability for employment, I authorize {GROUP NAME}, or its agents or contractors, to conduct an investigation of any information they deem material to my qualifications and suitability for employment.

All controversies, claims, issues and other disputes arising out of or relating to my employment, or the breach thereof, (collectively referred to as the "Disputes") shall be subject to arbitration. All Disputes shall be settled by arbitration in Alabama in accordance with the Commercial Arbitration Rules of the American Arbitration Association. Judgment upon any award rendered by the arbitrator in any such arbitration may be entered in any court having jurisdiction thereof. The arbitrator(s) shall have the power to grant all legal and equitable relief. Nothing contained herein shall prohibit or restrict either party's right to seek equitable relief from a court including, without limitation, injunctive relief pending the resolution of any Dispute by arbitration. The parties shall bear their respective costs in connection with the dispute resolution procedures described herein except that the fees and expenses of any arbitrator(s) and the costs of any facility used in connection with such dispute resolution procedures shall be borne by the Employer.

I certify that the information provided above is accurate and true, and understand and agree that any misrepresentation made by me or omission of information requested of me in this application will be sufficient cause for the denial of my application for employment, or for my separation from employment if I have been employed. I understand that if employed, I am an employee-at-will and that either the employer or I may terminate my employment at any time, with or without cause and with or without notice.

Signature Date

DO NOT WRITE BELOW THIS LINE

Interview by _____ Date _____

Remarks _____

Hired _____ Position _____ Office Location _____

Will Begin _____ Salary _____

Approval _____
Manager Physician