



Internal Medicine Associates

Application for Employment

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_
Last First Middle

Present Address: \_\_\_\_\_
Street
City State Zip Code

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Evening Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Position Applying for: \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_ Type of Employment: [ ] Full Time [ ] Part Time
[ ] PRN [ ] Any

How did you learn about us? [ ] Newspaper [ ] Friend [ ] Walk In [ ] Website
[ ] Employee Referral Name of Employee \_\_\_\_\_
[ ] Other \_\_\_\_\_

If you are under the age of 18 can you provide required proof of your eligibility to work?
[ ] Yes [ ] No

Are you authorized to work in the United States on an unrestricted basis? [ ] Yes [ ] No

Have you ever been employed by IMA, Inc. before? [ ] Yes-Dates \_\_\_\_\_ [ ] No

List names and relationship of relatives employed at IMA, Inc.: \_\_\_\_\_

Are you currently employed? [ ] Yes [ ] No

May we contact your present employer? [ ] Yes [ ] No

If presently employed, why do you desire a job change? \_\_\_\_\_

Have you ever been convicted of a felony? (Conviction will not necessarily disqualify an applicant from
employment) [ ] Yes [ ] No

If yes, please explain: \_\_\_\_\_

Have you ever pled guilty to or been convicted of any crime? (Omit minor traffic violations) [ ] Yes [ ] No
If yes, please explain: \_\_\_\_\_

## Education

	Name and Location of School	Course of Study	Years Completed	Diploma/GED/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Are you presently attending school?  Yes  No

If yes, please provide class schedule, list the school name, location, anticipated graduation date and course of study: \_\_\_\_\_

Please check any courses you have had in the following (list any others):

- Typing/WPM \_\_\_\_\_  Medical Terminology  ICD-9-CM  CPT 2004 Coding  
 Accounting  Transcription  Other \_\_\_\_\_

## Professional Licenses and/or Certifications

Type	State Where Issued	Date Received	License, Registration and/or Certification Number	Expiration Date

## Additional Information

Check skills/Equipment Operated

- Computer  Other: \_\_\_\_\_  
 Familiar with the following software: \_\_\_\_\_  
 12 Lead EKG  CPR Certified BLS Expires: \_\_\_\_\_ ACLS Expires: \_\_\_\_\_  
 Spirometry

State any additional work-related information you believe may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment Experience

Please submit past employment information as completely as possible, **even if you are attaching a resume.** Start with your present or most recent employer. Include any part-time employment and job-related military service assignments

1.)

Employer	Dates Employed From                      To	Work Performed
Address	Hourly Rate/Salary Starting                      Final	
Telephone Number(s)	Supervisor	Title
Reason for Leaving		

2.)

Employer	Dates Employed From                      To	Work Performed
Address	Hourly Rate/Salary Starting                      Final	
Telephone Number(s)	Supervisor	Title
Reason for Leaving		

3.)

Employer	Dates Employed From                      To	Work Performed
Address	Hourly Rate/Salary Starting                      Final	
Telephone Number(s)	Supervisor	Title
Reason for Leaving		

4.)

Employer	Dates Employed From                      To	Work Performed
Address	Hourly Rate/Salary Starting                      Final	
Telephone Number(s)	Supervisor	Title
Reason for Leaving		

## References

At least 2 references must be business related.

Name	Relationship	Organization/Location	Phone Number

### **Please Read Carefully and Sign Below**

I hereby authorize IMA, Inc. and its agents to investigate the truthfulness of all information I have provided on my application, resume, and other attachments (collectively referred to as “my application”). I hereby give consent for all contacted persons to provide information concerning my application, and I release each such person or entity from liability for providing information to IMA, Inc. and/or its agents. Further I hereby release IMA, Inc. from any liability based on any information received.

I certify that the information given on this application is true and complete and I understand and agree that false statements, misrepresentations or omission of requested facts are sufficient cause for dismissal of employment.

I understand and agree that if I am employed by IMA, Inc., the employment relationship is at-will and may be terminated at any time with or without cause by either party, regardless of any oral or written statement by IMA, Inc. prior to, at, or following my date of employment. I understand and acknowledge that only the Executive Vice President/Chief Operating Officer has the ability to enter into a contractual employment agreement and may only do so in writing and if signed by both parties.

I understand that this application will be considered active for a period of one (1) year.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_