



Kent Argubright, M.D. Gary Aisenbrey, M.D. Gary M. Joffe, M.D. Michael S. Ruma, M.D. Matthew Brennan, M.D.

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Name _____
 Last First Middle

Address _____

Phone _____ Social Security Number _____

Is your age under 18? _____ If yes, do you have a work permit? _____

Do you have a legal right to work in the USA? _____

Do you have documentation for this? _____

JOB INTEREST

POSITION DESIRED _____

Other positions for which you are qualified _____

Part Time _____ Full Time _____ Temporary _____ Regular _____

Date Available _____ Preferred Hours _____

Have you worked for the company before? _____ If yes, FROM : _____ To: _____

Do you have relatives, or live with anyone, who works for the company? _____

If so, who? _____

If employed in this position, would you be in a supervisory or subordinate role to a relative? _____

EDUCATION AND TRAINING

List all education or training with present or most recent first.

Circle highest grade completed 6 7 8 9 10 11 12 13 14 15 16+

School Name	Location	Course/Degree
High School		

List relevant computer equipment and software, office equipment or other equipment you can use. State your skill level or experience.

DATE	NAME & ADDRESS OF EMPLOYER	1. JOB TITLE 2. DEPARTMENT 3. NAME OF SUPERVISOR 4. SUPERVISOR'S PHONE NUMBER	DESCRIBE MAJOR DUTIES	WAGES	REASON FOR LEAVING
From		1.		STARTING	
MO YR		2.		\$ PER	
TO		3.		FINAL	
MO YR		4.		\$ PER	
HRS PER WEEK ?					
From		1.		STARTING	
MO YR		2.		\$ PER	
TO		3.		FINAL	
MO YR		4.		\$ PER	
HRS PER WEEK ?					
From		1.		STARTING	
MO YR		2.		\$ PER	
TO		3.		FINAL	
MO YR		4.		\$ PER	
HRS PER WEEK ?					
From		1.		STARTING	
MO YR		2.		\$ PER	
TO		3.		FINAL	
MO YR		4.		\$ PER	
HRS PER WEEK ?					
From		1.		STARTING	
MO YR		2.		\$ PER	
TO		3.		FINAL	
MO YR		4.		\$ PER	
HRS PER WEEK ?					

Have you been convicted of a felony in the last seven (7) years? _____ YES _____ NO
(A prior conviction will not necessarily bar employment.)

PRE-EMPLOYMENT STATEMENT

I authorize investigation of all statements in this application. I further understand that any misrepresentation or omission of facts given may be cause for immediate discharge, if hired.

I accept that as a matter of company policy, employment is at the will of the employee and the employer, and may terminated at any time with or without notice.

I accept that by my signature below, I agree that any and all claims by me of unlawful discrimination and/or harassment allegedly arising during the application process will be submitted to a neutral arbiter for a final and binding decision in accordance with procedures adopted by Perinatal Associates of New Mexico, Ltd., and I have exhausted or waived the right to review of the findings.

APPLICANT'S SIGNATURE _____ DATE _____