



EMPLOYMENT APPLICATION

Notice to Applicant: We are an equal opportunity employer and do not discriminate on the basis of an applicant's or employee's race, color, religion, sex, national origin, citizenship, age, physical or mental disability or any other characteristic.

PERSONAL DATA

Name _____ Date: _____
 Present Address _____ DOB: _____
 Street City State Zip Code
 Telephone Numbers: Cell _____ Other _____
 Previous Address _____
 Street City State Zip Code
 Position applied for _____
 Date available for employment _____ Salary Desired _____

Are you willing to work: Yes No **Indicate applicable work skills:**
 Overtime (over 40 hrs./wk.) Typing _____ WPM
 On call Other job related skills: _____
 Weekends (Sat./Sun.) _____
 Holidays _____
 Travel _____

Are you applying for _____ full time _____ part time _____ temporary
 How were you referred to this organization? _____
 Do you have any relatives working for this organization? Yes No
 If yes, Name _____ Relationship _____
 Have you ever been employed by this organization? Yes No
 If yes, position held _____ Dates Employed: From _____ To _____

Are you willing to provide necessary documentation required to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? _____ Yes _____ No
 Since reaching age 18, have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment, but are reviewed as related to the relevancy of the job applied for.) _____ Yes _____ No
 If yes, please define _____

Military service? _____ Yes _____ No If yes, From _____ to _____
 Branch of service _____ Highest rank obtained _____

In an emergency, notify: Name _____ Relationship _____
 Address _____ Telephone No.: _____

EDUCATION

School Name and Address		Course of Study	Last year completed	Did you graduate?	Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Technical or Business			1 2 3 4	<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

Professional licenses/certifications

Type	State	Expiration Date	Registration Number

Employment History

Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.	FROM	TO	Immediate Supervisor	Last Salary Hourly, Monthly, or Yearly
Employer _____				
Job Title _____	Duties: _____			
Reason for leaving _____				
Employer _____				
Job Title _____	Duties: _____			
Reason for leaving _____				
Employer _____				
Job Title _____	Duties: _____			
Reason for leaving _____				

REFERENCES

May we run an employment check from the employers listed above? Yes No

Has notice been given to your present employer? Yes No

Is there any additional information relative to a change in name when checking your work history? Yes No

If yes, please explain _____

Please list references (not relatives) to contact who are acquainted with your work history.

	Name	Title/Occupation	Company/Address	Telephone Number
1.				
2.				
3.				

Make any comments you feel are pertinent to your application: _____

I understand that Gastroenterology Specialists, Inc. will obtain an employment screening that will include an investigative consumer report that may contain such information as education records, references, employment records, public record information, criminal arrest records, court records, driving records, and Workers' Compensation history. I also understand that I may be denied employment based on the results of this report.

I authorize GSI, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence, character or medical history, as it relates to the position for which I applied or in which I may be employed, unless otherwise stated. I certify the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. I agree all statements made in this application may be investigated.

Date _____ Signature _____



Gastroenterology Specialists, Incorporated

10210 East 91st Street South
Tulsa, Oklahoma 74133
(918) 940-8500
Fax (918) 940-8399

John R. Hood, M.D.
Michael J. Martin, M.D.
William K. Briggs, M.D.
Jeffrey L. Bigler, M.D.

Sheldon C. Berger, D.O.
David W. Morris, D.O.
Roy L. Thompson, M.D.
Geoffrey A. Fillmore, D.O.

APPLICANT'S ACKNOWLEDGEMENT OF SUBSTANCE ABUSE POLICY

I understand if I am offered a job with GSI it will be conditioned on my submitting to and successfully completing a drug and alcohol test if requested. I further understand if I am hired I may be subject to future drug and alcohol testing if requested consistent with GSI's policies.

I understand a positive test or refusal to submit to testing will result in the refusal of the GSI to hire me.

I understand the policy is not a contract of employment and it may be changed, modified, or eliminated at any time and without notice.

I understand only the president of GSI has the authority to enter into employment contracts or make any agreement or representation contrary to the provisions in this policy, and any such contract, representation, or agreement must be in writing and signed by the president.

I acknowledge I have read and understand the Substance Abuse Policy of Gastroenterology Specialists, Inc.

Signature

Date

Witness