



EMPLOYMENT APPLICATION

Notice to Applicant: GSI is an at-will employer. We 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: _____
 _____ DOB: _____
 _____ SSN: _____

Address _____
 _____ Street _____ City _____ State _____ Zip Code _____

Phone Number: _____ Email Address: _____

Position applied for _____

Date available for employment _____ Salary Desired _____

Are you applying for: *Indicate applicable work skills:*
 Full Time Typing _____ WPM
 Part Time Other job related skills: _____
 Temporary _____

How were you referred to this organization? _____

Do you currently have or have you ever had any relatives work 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 _____

If applicable, 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 position applied for.) _____ Yes _____ No

If yes, please define _____

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

EDUCATION

School Name and City/State	Course of Study	Did you graduate?	Year Completed/ Anticipated Year
High School		Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/>	
Vocational/ Technical		Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/>	
College		Yes <input type="checkbox"/> No <input type="checkbox"/> In Progress <input type="checkbox"/>	

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.	FROM	TO	Immediate Supervisor	Last Salary, Hourly, Monthly, or Yearly Wage
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

May we run a background check on you? 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 Gastroenterology Specialists, Inc. may obtain an employment screening that may include an investigative consumer report, education records, references, employment records, public record information, criminal arrest records, court records, driving records, and Workers' Compensation history. I also understand I may be denied employment based on the results of this screening.

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 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 _____



APPLICANT/EMPLOYEE ACKNOWLEDGEMENT OF SUBSTANCE ABUSE POLICY

To view GSI's Substance Abuse Policy, request a printed copy or visit:

www.gsitulsa.com/gsi-substance-abuse-policy

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

I understand any employment opportunity with GSI is conditioned on successfully completing a drug and alcohol test, if requested. I understand a positive test or refusal to submit to testing will result in the refusal of the GSI to hire me.

I understand as an employee of GSI I will be subject to future testing, consistent with the Practice's Substance Abuse Policy. I understand a positive test or refusal to submit to testing may result in disciplinary action, up to and including employment termination.

I understand any violation of the Practice Substance Abuse Policy may result in disciplinary action, up to and including employment termination.

Applicant/Employee Name (Print)

Applicant/Employee Signature

Date