

# Application for Employment



LIBERTY MOUNTAIN  
MEDICAL GROUP

## PRE-EMPLOYMENT QUESTIONNAIRE EQUAL OPPORTUNITY EMPLOYER

We do not discriminate in any term or condition of employment on any status protected by application law.

### PERSONAL INFORMATION If you need any assistance in completing this application, please ask to see the office manager.

DATE

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO.	
PRESENT ADDRESS		CITY	STATE
PERMANENT ADDRESS		CITY	STATE
DAYTIME PHONE NO. ( ) -	EVENING PHONE NO. ( ) -	MOBILE PHONE NO ( ) -	BEST TIME TO CALL

### EMPLOYMENT DESIRED

POSITION	DATE AVAILABLE FOR WORK	SALARY DESIRED
ARE YOU CURRENTLY EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? <small>If no, then we may not be able to consider you for employment unless there is a valid reason for refusal.</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED TO CVFP OR LMMG? <input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION?	WHEN?

### EDUCATION HISTORY Education will only be considered if essential to the position sought.

	NAME & LOCATION OF SCHOOL	DID YOU GRADUATE?	SUBJECTS STUDIED/DEGREE
HIGH SCHOOL			
UNDERGRADUATE COLLEGE			
GRADUATE/ PROFESSIONAL			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

### GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS RELEVANT TO THE POSITION YOU ARE SEEKING:	
VOLUNTEER/INTERNSHIP	DATES: FROM TO
U.S. MILITARY SERVICE	RANK DATES: FROM TO

LIST ANY PROFESSIONAL LICENSES, REGISTRATION AND/OR CERTIFICATIONS RELEVANT TO THE POSITION YOU ARE SEEKING.

Type of License	Issuing State	Registration #	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONTINUED ON OTHER SIDE

# WORK EXPERIENCE

If you do not wish for us to contact past employers, you may not be considered eligible for employment unless there is a valid reason for your refusal.

EMPLOYER	<b>DATES EMPLOYED</b>		<b>DUTIES PERFORMED</b>
ADDRESS	FROM	TO	
TELEPHONE NUMBER (S)			
STARTING/PRESENT JOB TITLE	<b>HOURLY RATE/SALARY</b>		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING	HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATION OF COMPANY POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	<b>DATES EMPLOYED</b>		<b>DUTIES PERFORMED</b>
ADDRESS	FROM	TO	
TELEPHONE NUMBER (S)			
STARTING/PRESENT JOB TITLE	<b>HOURLY RATE/SALARY</b>		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING	HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATION OF COMPANY POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	<b>DATES EMPLOYED</b>		<b>DUTIES PERFORMED</b>
ADDRESS	FROM	TO	
TELEPHONE NUMBER (S)			
STARTING/PRESENT JOB TITLE	<b>HOURLY RATE/SALARY</b>		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING	HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATION OF COMPANY POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYER	<b>DATES EMPLOYED</b>		<b>DUTIES PERFORMED</b>
ADDRESS	FROM	TO	
TELEPHONE NUMBER (S)			
STARTING/PRESENT JOB TITLE	<b>HOURLY RATE/SALARY</b>		
	STARTING	FINAL	
SUPERVISOR			
REASON FOR LEAVING	HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATION OF COMPANY POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO

INCLUDE EXPLANATION OF ANY GAPS IN EMPLOYMENT:

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ARE YOU OVER THE AGE OF 18?

YES  NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES?

YES  NO

DO YOU HAVE FRIENDS OR RELATIVES CURRENTLY EMPLOYED BY CENTRAL VIRGINIA FAMILY PHYSICIANS AND/OR LIBERTY MOUNTAIN MEDICAL GROUP (LMMG)?

(This will not automatically prohibit or allow you to gain employment. No family members will be hired, however, if it poses an actual or potential conflict of interest.)

YES  NO

If yes name them:

\_\_\_\_\_

ARE YOU CURRENTLY ON "LAYOFF" STATUS AND SUBJECT TO RECALL?

YES  NO

WILL YOU BE ABLE TO GET TO WORK IN ORDER TO MEET THE CENTRAL VIRGINIA FAMILY PHYSICIANS, INC. AND/OR LIBERTY MOUNTAIN MEDICAL GROUP (LMMG), ATTENDANCE REQUIREMENT?

YES  NO

CAN YOU TRAVEL IF A JOB REQUIRES IT?

YES  NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

A conviction will not automatically bar you from employment except otherwise provided by law. The nature of the conviction, date of conviction, and relationship of the conviction to the position sought will all be considered.

YES  NO

If yes describe the nature and date of conviction.

\_\_\_\_\_

Are you subject to any type of employment agreement which prohibits you from working with us, such as a non-competition agreement?

YES  NO

REFERENCES: List below three professional references who are not related to you and are not previous employers.

Telephone	Address	Name	No. of years known
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I certify that all answers given in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified or incomplete statements on this application may lead to my dismissal. I authorize investigation of all statements given on this application as may be necessary in arriving at an employment decision and I release Liberty Mountain Medical Group, their employees and agents, from any and all liability arising from such preemployment inquiries or investigations as allowed by law.

The application of employment will be considered active for a period of time not to exceed 60 days. After that time, any applicant wishing to be considered for employment should inquire as to whether or not there are openings available at that time and fill out a separate application.

I hereby understand that any employment relationship with Liberty Mountain Medical Group, is on an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge at any time with or without cause. It is understood that this "at will" employment relationship may not be changed by any written document or by any oral representation unless such change is fully acknowledged in writing by the President of Liberty Mountain Medical Group.

If employed, I agree to follow all rules and regulations of Liberty Mountain Medical Group.

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

\_\_\_\_\_  
Date

**This space is for personnel use only.**

**Date of Hire** \_\_\_\_\_ **Full time** \_\_\_\_\_ **Part time** \_\_\_\_\_ **Position** \_\_\_\_\_