



Carson Medical Group

Employment Application

Date of Application	Position	Employment Type
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per-Diem

Carson Medical Group is an equal opportunity employer. Carson Medical Group does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or any other characteristic protected by law.

Personal Information *please be sure to complete all fields*

Full Name	
Address	
Phone Number	Email
Driver's Liscence? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you 18 years of age or older? <input type="checkbox"/> No <input type="checkbox"/> Yes
Desired Salary	Are you eligible to work in the US? <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever been employed at Carson Medical Group? <input type="checkbox"/> No <input type="checkbox"/> Yes	
When are you available to start?	
Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation:	
Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Educational Background

	Name of School	Location	Degree	Did you graduate?
High School				<input type="checkbox"/> No <input type="checkbox"/> Yes
College or University				<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Education				<input type="checkbox"/> No <input type="checkbox"/> Yes

Employment History Please list work experience from the last 5 years beginning with your current or most recent jobs. Use the back of this application to list additional jobs if necessary.

Name and Address of Employer		Last Job Title
		Reason for Leaving
From	To	Name and Phone Number of Supervisor: May We Contact This Employer? <input type="checkbox"/> No <input type="checkbox"/> Yes
Salary Upon Leaving		
Briefly Describe Work Performed		

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Salary Upon Leaving		
Briefly Describe Work Performed		

References Please list two references other than relatives or past employers.

Name	Relationship	Years Known	Phone Number

PLEASE READ CAREFULLY

I hereby give Carson Medical Group permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Carson Medical Group from any liability as a result of such contact. I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Carson Medical Group to hire me. If I am hired, I understand that either Carson Medical Group or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Carson Medical Group has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Carson Medical Group true and complete information on this application. No requested information has been omitted. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Note: Should you be offered employment by Carson Medical Group you will be required to verify your identity with valid driver's license, social security card, US Passport, or other Federally accepted form of identification (per Form I-9). Applicants will be required to complete a W-4 and I-9 form indicating social security and US immigration status.

All job applicants at Carson Medical Group will undergo screening for the presence of illegal drugs as a condition for employment. Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by CMG and by signing this application, will release CMG from liability. Any applicant with positive test results will be denied employment at that time.

Signature _____ **Date** _____

Attach your resume and cover letter to this application. Please return application via email.

 775-283-5050

 ContactUs@cmgnv.com

 www.CarsonMedicalGroup.com