

MEDICAL ASSOCIATES OF NORTHERN NEW MEXICO, P.A.
3917 West Road, Suite A, Los Alamos, NM 87544
Telephone: 505-661-8900 Fax: 505-661-8916
URL: www.mannm.com

This office is an equal opportunity employer, and selects the best matched individual for the job based upon job related qualifications, regardless of race, color, sex, national origin, age, handicap or other protected groups under state or federal Equal Opportunity Laws.

PLEASE PRINT - All applicant information is held in strict confidence.

PERSONAL INFORMATION

Date: _____ Position(s) applied for: _____

Name: _____
Last First Middle

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

How did you learn about this position? _____

EMPLOYMENT DESIRED

Date you can start: _____ Desired Salary: _____

Are you employed now? _____ If so, may we inquire of your present employer? _____

Current employer's phone number: _____

EDUCATION	Name	Graduated Yes or No	Degree Received
High School	_____	_____	_____
Trade/Business	_____	_____	_____
College	_____	_____	_____

PROFESSIONAL LICENSES OR CERTIFICATES

Type	State	Number	Licensed Year	Expiration Date
_____	_____	_____	_____	_____

EMPLOYMENT HISTORY-List below your last three employers, starting with the most recent.

Month & Year	Employer, Phone & Supervisor's Name	Position & Salary
Begin _____	_____	_____
End _____	_____	_____
Begin _____	_____	_____
End _____	_____	_____
Begin _____	_____	_____
End _____	_____	_____

REFERENCES-Give names of 3 persons not related to you, whom you have known at least one year.

Name	Phone	Years Acquainted	Relation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any reasons why you would be unable to fill this job on a daily basis for the next 12 months?

Read carefully before signing this application for employment

In making this application for employment, I understand that MANNM may investigate my driving record and my criminal record. This inquiry may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize former and present employers, work and personal references listed in the application, and other individuals I may name, to give MANNM or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to MANNM.

I understand that this employment application and any other MANNM documents are not promises of employment. I understand that if I am employed, I can terminate my employment with or without cause and with or without notice, at any time, and MANNM has a similar right. The providers or managers may require specific performance and/or productivity that may change from time to time, and such requirement and performance may be the basis of continued employment. I understand that no

manager or representative of MANNM has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to forgoing, except that a corporate officer may do so in writing.

I understand MANNM prohibits the use of alcoholic beverages, controlled substances, or illegal drugs while at work.

The information given by me in this application is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the exclusive judgment of MANNM) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I consent to providing identification pursuant to the Immigration Reform & Control Act of 2001.

Signature of Applicant

Date

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