

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

Medical Associates is an equal opportunity employer and does not discriminate against otherwise qualified applicants. This office selects the best matched individual for the job based upon job related qualifications, regardless of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, veteran status, or any protected groups under state of 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: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

How did you learn about this position? _____

Employment Desired

Date you can start: _____ Desired Salary: _____

Are you employed now? _____ If so, may we contact 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	Position, Employer, Phone & Supervisor's Name	Reason for leaving
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	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any reasons why you would be unable to fill this job on a daily basis with or without reasonable accommodations for one year? Yes No

Applicant's Certification and Agreement

Read carefully before signing this application for employment.

In the completion of this application for employment, I understand that MANNM may investigate my criminal record and/or background check. These inquiries 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. I further release and hold harmless both previous employers and MANNM from any and all liability that may potentially result for the release and/or use of such information. I understand that any information released by my prior or current employer will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that neither I nor anyone else not so involved will have the right to see the information.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I authorize Medical Associates to verify the accuracy and to obtain reference information on my work performance. I hereby release Medical Associates from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant: _____ Date: _____

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