

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability or any other legally protected status.

Position Applying for: _____

Referred by: _____

Full Name: _____

Present Address: _____
(Street) (City) (State) (Zip) (County)

Social Security Number: _____ Home Phone: _____ Work: _____

Are you a U.S. citizen or national, an alien lawfully admitted to permanent residence or an alien authorized to work in the United States? (Note: Federal law requires that you provide and that RGAL examine documents, which verify your identity and your eligibility for employment in the United States. As a condition of employment you are required to provide such documentation as mandated by law or government regulation and to sign a form attesting that you are lawfully able to work in the United States.)

Yes No

Check your work schedule preferences:

Part-time Full-time Evenings Days Nights

LICENSURE

If you are licensed or certified to perform the duties for which you are applying, complete the following:

Licensed or certified by _____

License, certification, or registration number _____ Exp. Date _____

Has your license ever been revoked? Yes No

Have you ever had restrictions placed on your license? Yes No

Are there current restrictions on your license? Yes No

I understand that nothing contained in this employment application or granting of an interview is intended to create an employment contract between RGAL and myself for either employment or for the granting of benefits. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon RGAL unless made in writing and signed by the Practice Administrator or Managing Partner. If an employment relationship is established, I understand and agree that it is not for a definitive period of time and that I have the right to terminate my employment at any time, for any reason or for no reason, and that RGAL retains a similar right. I understand that if an offer of employment is made, that offer is contingent on my completion of a pre-employment medical examination including a screening for the Hepatitis C virus.

Signature

Date

EMPLOYMENT

List your last (or present) job first, and all others in reverse chronological order. Be sure to list all employment, including service. Fill out completely (even if information is included on resume).

WHERE WERE YOU MOST RECENTLY EMPLOYED?

Company Name _____	Supervisor _____	Dates From _____	To _____
Company Address _____	Telephone # _____	Starting Salary _____	Final Salary _____
Position _____	Description of Duties _____		

Reason for Job Search: _____

PRIOR TO THE ABOVE PLACE WHERE DID YOU WORK?

Company Name _____	Supervisor _____	Dates From _____	To _____
Company Address _____	Telephone # _____	Starting Salary _____	Final Salary _____
Position _____	Description of Duties _____		

Reason for Leaving: _____

PRIOR TO THAT, WHERE DID YOU WORK?

Company Name _____	Supervisor _____	Dates From _____	To _____
Company Address _____	Telephone # _____	Starting Salary _____	Final Salary _____
Position _____	Description of Duties _____		

Reason for Leaving: _____

REFERENCES

Name	Address	Relationship	Telephone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I hereby give RGAL the right to make a thorough investigation into my previous employment, education and references; and I release from all liability all persons, companies and corporations supplying such information. I release, indemnify, and hold harmless RGAL from and against any and all liability, which might result from making such an investigation.

 Signature Date

Have you ever been sanctioned by or excluded from participation in the Medicare or Medical Assistance Program?

Yes No

Have you ever been disciplined or discharged due to an act of violence in the workplace? Yes No

Have you ever pled guilty to or no contest to or been convicted of a felony or misdemeanor? (Note: convictions will be considered to the extent they are deemed job related).

Yes No

Having read the job description _____ (initials), are you capable of performing in a reasonable manner the essential functions and activities involved in the job for which you applied?

Yes No

I understand that due to the nature of the job, I may be required to work overtime _____ (initials).

If accepted for work here, I could begin work on: _____

EDUCATION RECORD

Type	Name and Address of School	High School Degree Or GED	
		Yes	No

Type	Name and Address of School	# Years	Major	Degree
Nursing School				
College / University				
Post Graduate Education				
Other				

The above information is a true and accurate record of my educational experience.

Signature _____

Date _____

Please return the completed application as follows:

Via mail to:

Human Resources
 Regional Gastroenterology Assoc of Lancaster
 2104 Harrisburg Pike Ste 300
 PO Box 3200
 Lancaster, PA 17604-3200

Via E-mail to: employment@rgal.com