

ALTON MULTISPECIALISTS EMPLOYMENT APPLICATION

Instructions: Please type or print clearly all requested information. Please attach a copy of all pertinent information, resume, your licenses, etc. Please sign all spaces indicated. Email application to jobs@altondoctors.com or fax to (618) 474-0130.

PERSONAL INFORMATION:	Date of application: _____
Full name: _____	
Date you can begin work: _____	
Residence: _____	City/State/Zip: _____
Email address: _____	
Home Phone: _____	Cell Phone _____
Citizenship: _____ Are you legally eligible for employment in the U.S.? _____	
Position desired: _____	Pay expected: _____
Preferred type of employment: FT____ PT__ Per Diem____ Are you willing to work overtime if asked? __Yes __No	
Have you ever applied for employment with AMS? ____ Yes ____ No If yes: Month /year _____	

EDUCATION:

College	Address – Location	Course	No. of yrs completed	Diploma
High School	Address – Location	Course	No. of yrs completed	Diploma
Other	Address – Location	Course	No. of yrs. Completed	Diploma

Professional School _____ <i>(if applicable)</i>
Address: _____ Dates attended: _____
Date of Graduation: _____ Course of Study: _____ Degree: _____
Skills and Qualifications: <input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Internet <input type="checkbox"/> Power Point <input type="checkbox"/> NextGen
Summarize training: _____

References: Please list two personal references to be contacted.			
Name	Relationship	Phone	Business/profession

We appreciate your interest in AMS. We are an equal opportunity/affirmative action employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or veteran status as provided by law.

SMOKE-FREE AND DRUG-FREE WORKPLACE

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PRESENT and PREVIOUS EMPLOYMENT (Please account for any gaps in your employment history)

_____ () _____ Company Name Telephone
_____ Address
_____ From _____ To _____ Name of Supervisor (give month and year)
_____ Hourly Pay Job title – or described work performed
_____ Reason left:

_____ () _____ Company Name Telephone
_____ Address
_____ From _____ To _____ Name of Supervisor (give month and year)
_____ Hourly Pay Job title – or described work performed
_____ Reason Left

_____ () _____ Company Name Telephone
_____ Address
_____ From _____ To _____ Name of Supervisor (give month and year)
_____ Hourly Pay Job title – or described work performed
_____ Reason Left

APPLICANTS CONSENT AND RELEASE

I authorize Alton MultiSpecialists, or its designee, to check those references and employers listed in order to verify current and previous employment as well as training, competence and character. I further release Alton MultiSpecialists and its designee from liability for any and all information secured about me, favorable or otherwise.

The responses given above are true and correct. I have not withheld any fact which might adversely affect my application, and I understand that any omissions of fact or any false or misleading statement will be considered just cause for immediate dismissal, no matter when discovered. I further understand there may be no position currently available. I agree that all former employers, or any other persons, may furnish any member of AMS with all information regarding my character and qualifications, and I release all such employers and person from any liability regarding the provision or use of such information.

I understand that any information provided by me that is found to be false, incomplete or misrepresented will be sufficient cause to (I) cancel further consideration of this application or (ii) immediately discharge me from the employer's service, whenever it is discovered.

Applicant's signature

Date