

Central Texas OB/GYN Associates, PLLC

APPLICATION FOR EMPLOYMENT

PERSONAL DATA			
Last Name	First	Middle Initial	Social Security Number - -
Present Street Address	City	State	Zip Home Phone
Daytime Phone	Alternate Phone		Are you at least 18 years of age? YES NO

ELIGIBILITY TO WORK

Are you either a United States Citizen or an alien who has the legal right to work in the job for which you are applying? _____

PURSUANT TO THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, ALL APPLICANTS UPON BEING MADE AN OFFER OF EMPLOYMENT, MUST PRODUCE DOCUMENTS WHICH ARE SPECIFIED BY THE FEDERAL GOVERNMENT ESTABLISHING THEIR IDENTITY AND AUTHORIZATION FOR EMPLOYMENT IN THE UNITED STATES. THESE DOCUMENTS MUST BE PRODUCED NO LATER THAN SEVENTY-TWO (72) HOURS AFTER COMMENCEMENT OF EMPLOYMENT. NEW EMPLOYEES ALSO WILL BE REQUIRED TO SIGN FORM I-9 (ISSUED BY THE FEDERAL GOVERNMENT) VERIFYING UNDER OATH EMPLOYMENT AUTHORIZATION.

POSITION OR TYPE OF WORK YOU SEEK

Position: _____ Salary Desired: _____

Date you are available to start work: _____

Seeking the following type of employment: Full Time Part Time Temporary

Have you previously been employed by: Austin Area OBGYN, Renaissance Women's Group, Women Partners in Health, The OBGYN Group of Austin or Oakwood Women's Centre? Yes No If yes, circle the group name.

Do you currently have relatives employed at: Austin Area OBGYN, Renaissance Women's Group, Women Partners in Health, The OBGYN Group of Austin, Oakwood Women's Centre? Yes No If yes, circle the group name.

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

EDUCATION						
Name of School	Location City & State	From Mo/Yr	To Mo/Yr	Degree or Diploma	Major Subjects	Minor Subjects
High School						
College						
Graduate School						
Other: Secretarial, Tech School etc.						

Did you graduate from High School? _____ Highest Grade Completed? _____ Did you complete a GED? _____

Professional Licenses &/or Certificates/Registration held. (do not include driver's license)	Type License Registry	State	License Registry/Number	Expiration Date

Any other relevant skills and experience: _____

EMPLOYMENT HISTORY

Beginning with your current or last position

Name & Address Of Employer (Most Recent)	From Mo/Yr	To Mo/Yr	Position	Rate of Pay Start/Last	Supervisor's Name & Phone	May we Contact

Describe the work you performed?

Reason for leaving?

Name & Address Of Employer	From Mo/Yr	To Mo/Yr	Position	Rate of Pay Start/Last	Supervisor's Name & Phone	May we Contact

Describe the work you performed?

Reason for leaving?

Name & Address Of Employer	From Mo/Yr	To Mo/Yr	Position	Rate of Pay Start/Last	Supervisor's Name & Phone	May we Contact

Describe the work you performed?

Reason for leaving?

Name & Address Of Employer	From Mo/Yr	To Mo/Yr	Position	Rate of Pay Start/Last	Supervisor's Name & Phone	May we Contact

Describe the work you performed?

Reason for leaving?

Explain any gaps of more than one month during the time covered by your work history: _____

Have you ever been convicted of, or have you pleaded guilty or no contest (nolo contendere) to a felony or misdemeanor offense? Yes No If yes, explain and give dates: (NOTE: Answering "Yes" will not necessarily bar you from employment) _____

Have you ever been involuntarily discharged from a job? _____ If yes, explain _____

PROFESSIONAL REFERENCES

Name _____ Telephone () _____

Address: _____ Relationship _____

Name _____ Telephone () _____

Address: _____ Relationship _____

Name _____ Telephone () _____

Address: _____ Relationship _____

APPLICANT'S CONSENT

APPLICANT: Please read the following carefully before signing:

I hereby voluntarily and without duress agree to all of the following terms. Any term listed below not in compliance with applicable laws will be void, but in no way affects any other term.

Application

I declare and affirm that the information provided on this Application and any other materials submitted to support this application is correct and complete. I understand and agree that any false statements or materials omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date. I further affirm that I am completing this Application because I am sincerely interested in being employed by CTOA, PLLC and not for any other purpose.

Background Information

In consideration of my being considered for employment, I authorize the Association to investigate at its discretion, my past employment record and to make further investigation as it deems proper with respect to my experience, character, and integrity and to verify the statements and answers contained herein. I agree to cooperate in such investigation, and I release from all liability or responsibility of the Association, and its affiliates, employees and agents and all other persons or enemies requesting or supplying information for investigation. Except as otherwise protected by law or regulation, the information contained in the Application is not confidential and may be used or reported by this practice. I further understand that the CTOA, PLLC. may procure or cause to be prepared a "Consumer Report" which may be a factor in establishing my eligibility for employment.

Employment At Will

I understand that this application in no way obligates the Association to employ me. I also agree and understand that if employment is offered to me and accepted such employment is for an indefinite term and is solely on an at-will basis. As an "employee-at-will", "I understand and agree that my employment may be terminated by either the Association or myself at any time, with or without cause, and with or without notice. I further understand that if employed no supervisor, manager or other employee or representative of the Association has the authority to change the at-will nature of my employment without approval in writing, and that any oral promised purporting to charge my at-will status are not binding upon the Association.

I further understand and agree that, while the Association may attempt to accommodate my individual preferences concerning assigned hour of work, business needs require me to be flexible in my work schedule, and I accept such changes in assignments as conditions to my continuing employment.

Miscellaneous

I also agree never to disclose or to use for my personal benefit any confidential information of CTOA, PLLC or its patients. If offered employment, I agree to abide by the safety rules and other employment policies of the Association. CTOA, PLLC is an Equal Opportunity Employer. Factors such as age, color, mental or physical disability, race, religion, sex or military status shall not be used in a discriminatory way in any employment activity. CTOA, PLLC complies with the Civil Rights Act of 1866, Civil Rights Act of 1964 (Title VII), the Rehabilitation Act of 1973, the Age Discrimination Employment Act of 1967 and 1975, the Equal Pay Act of 1963, and the Americans With Disabilities Act of 1990.

I have carefully read the above and fully understand its meaning and effect.

Signature of Applicant _____

Date _____

EEO STATUS DECLARATION FOR APPLICANTS

CTOA, PLLC must comply with reporting requirements established by the Equal Employment Opportunity Commission as well as other federal agencies. To assure full compliance with our policy of nondiscrimination and affirmative action, it is important that each applicant's description be complete and accurate. The following information is used solely in connection with affirmative action obligations and efforts. You can assist us in this process by completing this confidential, self-disclosure form. Section I must be completed. However all other information is strictly voluntary and refusal to provide such information will not result in adverse treatment. If you choose to not complete Sections II through IV, please note Section V.

Please Print Legibly

I. **Date** _____
Name (First, MI, Last) _____
Position Applying For _____
Social Security Number _____

II. **Sex** Male _____ Female _____

III. **Please mark the one that best describes:**

African American _____ American Indian/Alaska Native _____

Asian/Pacific Islander _____ Hispanic _____

White _____

IV. **Veteran** Yes _____ No _____

V. **Decline Disclosure** _____

TO BE COMPLETED BY APPLICANT—NOT FOR INTERVIEW PURPOSES—TO BE FILED SEPARATELY FROM APPLICATION

SELF IDENTIFICATION DESCRIPTION

Race/Ethnic/National Origin

1. **White:** (Not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa and the Middle East.
2. **Black:** (Not of Hispanic Origin): All persons having origins in any of the Black racial groups.
3. **Hispanic:** All persons of Mexican, Puerto Rican, Central or South America or other Spanish culture or origin, regardless of race.
4. **Asian/Pacific Islander:** All persons having origins in any of the original people's of the Far East, Southeast, Asia, or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands, Samoa and the Indian Subcontinent.
5. **American Indian/Alaska Native:** Persons having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition.