LAGS MEDICAL CENTERS

The Primary Care Musculoskeletal Providers

fax to: (805) 618-1803
email to: recruiting@lagsmedical.com

An Equal Opportunity Employer

Please Print

Date _____ Last Name _____ First Name _____ Middle _____

Present Address

No. & Street _____ City _____ State _____ Zip Code _____

Permanent Address (if different from present address)

No. & Street _____ City _____ State _____ Zip Code _____

Business Phone _____ Home Phone _____

Employment Desired

Position applying for: _____

Personal Information

Have you ever worked for LAGS Medical Centers? ☐ Yes ☐ No

If yes, when? _____

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Do you have relatives working for LAGS Medical Centers? ☐ Yes ☐ No

If yes, state name(s) and relationships:

Name _____ Relationship _____

Name _____ Relationship _____

Why are you applying for work at LAGS Medical Centers?

_____

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If hired, would you have a reliable means of transportation to and from work?..... ☐ Yes ☐ No

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) ..... ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... ☐ Yes ☐ No

If no, describe the functions that cannot be performed.

_____

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City _____ State _____ Zip Code	_____	☐ Yes ☐ No	_____
College/ University	_____ Name _____ Address _____ City _____ State _____ Zip Code	_____	☐ Yes ☐ No	_____

Education, Training, and Experience - continued

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
Vocational/ Business	Name Address City State Zip Code		☐ Yes ☐ No	
Health Care Training	Name Address City State Zip Code		☐ Yes ☐ No	

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State _____ Zip Code _____

Dates of Employment: From _____ To _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference?..... ☐ Yes ☐ No

Name of Employer | Phone Number

Type of Business | Your Supervisor's Name

Address & Street | City | State | Zip Code

Dates of Employment: From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... ☐ Yes ☐ No

Note: Attach additional page(s) if necessary.

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

First Name | Last Name | Phone Number

Address & Street | City | State | Zip Code

Occupation | No. of Years Acquainted

First Name | Last Name | Phone Number

Address & Street | City | State | Zip Code

Occupation | No. of Years Acquainted

First Name | Last Name | Phone Number

Address & Street | City | State | Zip Code

Occupation | No. of Years Acquainted

Please Read Carefully, Initial Each Paragraph and Sign Below

_____
Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____
Initials

I hereby authorize LAGS Medical Centers to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

_____ _____
Date Applicant's Signature