



## Personal Information

Last Name	First Name	Middle Initial	Date
Other names by which you have been known (for date verification and reference checking purposes)			Social Security Number
Home Phone	Business Phone	E-mail Address	
Permanent Address		City	State ZIP Code
Previous Address (if at current address less than 5 years)			Driver's License Number/State

If you are not a citizen of the United States, are you eligible to work in the U.S. and would you be able to provide the necessary documents of proof of the legal right to work upon hire?  Yes  No

Are you under 18?  Yes  No If you are under 18 and still in high school, you may be required to provide a work permit upon hire.

Instructions for answering the following question regarding your criminal record history:

**A. All applicants:** Do not respond "yes" concerning the following: arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially ordered sealed, expunged, or statutorily eradicated; convictions that occurred more than ten (10) years ago; misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; and first convictions for misdemeanors of drunkenness, simple assault, speeding, minor traffic violations, or disturbances of the peace or misdemeanor convictions where five (5) or more years have elapsed between the application date and the date of conviction or completion of incarceration, whichever is later.

Have you ever been convicted of a crime?  Yes  No

If YES, what was (were) the offense(s)?

---

Date(s) and place(s) of conviction A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO Employment. Factors such as age at the time of the offense, type of offense and relevance to the job for which you are applying, seriousness and nature of the offense, and rehabilitation will be taken into account.

How did you hear about this career opportunity?  office website  Other website (specify below)  Advertisement (specify publication below)  Agency (specify below)  Self  Recruitment site (specify below)  Employee Referral (specify below)  Other (specify below)

Name of Referral Source

---

Have you ever been employed by or contracted with our office? Yes  No  Full-Time  Part-Time  through  If so, when?

---

What position did you hold?  Manager

---

## Employment Interest

Position Desired	Salary Desired	Date Available
Have you interviewed at our office for another position? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?		

---

## Education and Training

Indicate last level completed: High School  College or University  Graduate School

Name of High School, Technical School, and College	City, State	Major	Degree	Month/Year of Degree

Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application:

---

Employment History

Please list most recent employer first.

Company Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ May we contact employer?  Yes  No

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_  
From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Starting Rate of Pay (\$) \_\_\_\_\_ Ending Rate of Pay (\$) \_\_\_\_\_

Company Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ May we contact employer?  Yes  No

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_  
From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Starting Rate of Pay (\$) \_\_\_\_\_ Ending Rate of Pay (\$) \_\_\_\_\_

Company Name \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_ May we contact employer?  Yes  No

Starting Job Title \_\_\_\_\_ Final Job Title \_\_\_\_\_

Supervisor's Name and Title \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Duties \_\_\_\_\_

Dates of Employment \_\_\_\_\_  
From (mo/yr) \_\_\_\_\_ To (mo/yr) \_\_\_\_\_

Starting Rate of Pay (\$) \_\_\_\_\_ Ending Rate of Pay (\$) \_\_\_\_\_

Business Reference Data

Please list at least one present or former manager.

Name	Email Address	Phone	Business Relationship
1			
2			
3			

Read Carefully & Sign:

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references and employers listed above to give you all pertinent information concerning my previous employment and release all parties from all liability for any damage that may result from furnishing same to NJO MD PLLC. In consideration of my employment, I agree to conform to the rules and regulations of NJO MD PLLC. I further agree that either I or NJO MD PLLC may terminate my employment with or without cause with or without prior notice, at any time. Finally, I understand that no representative of NJO MD PLLC has the the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Netter J. Ortiz MD PLLC

## Application Acknowledgment & Agreement

### Equal Employment Opportunity Information

Netter J. Ortiz MD PLLC, is an Equal Employment Opportunity employer. We conduct all employment-related activities without regard to race, color, sex, religion, age, national origin, disability, veteran status, sexual orientation or any other classification protected by applicable State or Federal employment discrimination laws. Netter J. Ortiz MD PLLC (hereinafter referred to as NJO MD PLLC) welcomes diversity in the work place. For more info about NJO MD PLLC, check out <http://www.netterortizmd.com>

---

---

### Applicant Acknowledgement and Agreement

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references and employers listed above to give you all pertinent information concerning my previous employment and release all parties from all liability for any damage that may result from furnishing same to NJO MD PLLC. In consideration of my employment, I agree to conform to the rules and regulations of NJO MD PLLC. I further agree that either I or NJO MD PLLC may terminate my employment with or without cause with or without prior notice, at any time. Finally, I understand that no representative of NJO MD PLLC has the the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

I understand that NJO MD PLLC has adapted a Drug Free & Safe workplace environment. I understand that offers of employment are contingent upon consenting to and producing a negative and valid pre-employment drug screen in accordance to the policies and procedures of NJO MD PLLC. It is further understood that continued employment may be contingent upon additional drug screens and background checks that do not adversely affect my continued employment.

This authorization and consent for release of personal information acknowledges that the Practice (NJO MD PLLC) and its agent may now, or at any time I am employed by the Practice (NJO MD PLLC), conduct investigations, whether the records are of public, private, or confidential nature.

I hereby certify that the information contained in this application form is true, correct and complete. I understand that if the information proves to be incorrect or incomplete, grounds for the canceling of any and all offers of employment will exist and may be used at the discretion of the Practice (NJO MD PLLC). I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, will be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that my prospective employer may make inquiries including, but not limited to, my consumer credit history, education, professional licensing, and criminal history and driving history. Furthermore, I understand that my prospective employer and the Practice (NJO MD PLLC) may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, and civil and other experiences.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of the information obtained by my prospective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation, as well as the name of the reporting agency or sources of information.

I authorize, without reservation, any party (including, but not limited to, employers, law enforcement agencies, state institutions, and private information bureaus or repositories) contacted by the prospective employers from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees, and other persons who, in good faith, provide to the prospective employer the above-mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be valid as the original.

I hereby authorize and acknowledge that the Practice (NJO MD PLLC) may obtain investigative consumer reports and a Cumulative Sanction Report from the Office of Inspector General about me from any reporting agency or federal reporting agency and may consider information in consumer reports and investigative consumer reports when making decisions regarding any aspect of my application for employment and/or continued employment with the company including periodic re-screening of current employees.

**Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Netter J. Ortiz MD PLLC

**DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION**

I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of a credit report or background report. I also understand that I may request a copy of the report from the reporting agency.

In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
Written Name