



METROUROLOGY

APPLICATION FOR EMPLOYMENT

FULL NAME: _____
 SOCIAL SECURITY NUMBER: _____ PHONE: Day: _____ Eve: _____
 MAY WE CONTACT YOU DURING THE DAY? () YES () NO COMMENTS: _____
 ADDRESS: _____
 CITY/STATE/ZIP: _____
 POSITION APPLIED FOR: _____
 PREFERRED HOURS: () ANY or PLEASE SPECIFY: _____
 COMPENSATION DESIRED: _____ DATE AVAILABLE TO START: _____
 ARE YOU AT LEAST 18 YEARS OF AGE? () YES () NO
 HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? () NO () YES IF YES, PLEASE PROVIDE APPROXIMATE
 DATES OF PREVIOUS EMPLOYMENT: _____
 CAN YOU PROVIDE DOCUMENTATION TO VERIFY YOUR IDENTITY AND LEGAL AUTHORITY TO WORK IN
 THE UNITED STATES? () YES () NO

EDUCATIONAL BACKGROUND

<u>School</u>	<u>Name and Location</u>	<u>Did you graduate?</u>	<u>Degree/Diploma</u>
HIGH SCHOOL	_____	Y N	_____
COLLEGE	_____	Y N	_____
GRADUATE SCHOOL	_____	Y N	_____
VOCATIONAL	_____	Y N	_____
TRAINING/OTHER	_____	Y N	_____

U.S. MILITARY SERVICE

BRANCH: _____
 HIGHEST RANK ACHIEVED: _____
 DUTIES: _____

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS

You are not required to list activities that may reveal your race, age, religion, sex, national origin, marital status, sexual orientation, disability or any other protected status.

EMPLOYMENT EXPERIENCE

Please list most recent experience first. Please place an (X) in the boxes if you DO NOT want us to contact this employer.

Please indicate the name you used during each employment if different from your present name.

1. EMPLOYER: _____ ADDRESS: _____
PHONE: _____ SUPERVISOR: _____
YOUR POSITION: _____ DATES OF EMPLOYMENT: _____
COMPENSATION: \$ _____
REASON FOR LEAVING: _____

2. EMPLOYER: _____ ADDRESS: _____
PHONE: _____ SUPERVISOR: _____
YOUR POSITION: _____ DATES OF EMPLOYMENT: _____
COMPENSATION: \$ _____
REASON FOR LEAVING: _____

3. EMPLOYER: _____ ADDRESS: _____
PHONE: _____ SUPERVISOR: _____
YOUR POSITION: _____ DATES OF EMPLOYMENT: _____
COMPENSATION: \$ _____
REASON FOR LEAVING: _____

4. EMPLOYER: _____ ADDRESS: _____
PHONE: _____ SUPERVISOR: _____
YOUR POSITION: _____ DATES OF EMPLOYMENT: _____
COMPENSATION: \$ _____
REASON FOR LEAVING: _____

ADDITIONAL INFORMATION:

HAVE YOU EVER BEEN CONVICTED OF OR PLED GUILTY OR NO CONTEST TO A VIOLATION OF THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION? () NO () YES

If YES, please explain: (Answering "yes" will not necessarily disqualify you from employment)

REFERENCES (Please include one (1) previous supervisor)

NAME: _____ PHONE: _____

HOW DOES THIS PERSON KNOW YOU?

NAME: _____ PHONE: _____

HOW DOES THIS PERSON KNOW YOU?

NAME: _____ PHONE: _____

HOW DOES THIS PERSON KNOW YOU?

- HOW DID YOU FIND OUT ABOUT THIS POSITION?
- | | |
|---|--|
| <input type="checkbox"/> Star-Tribune | <input type="checkbox"/> MUS Staff Member |
| <input type="checkbox"/> Saint Paul Pioneer Press | <input type="checkbox"/> Search/Placement firm
or employment agency |
| <input type="checkbox"/> Other Publication | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Friend / Relative |

IMPORTANT – READ BEFORE SIGNING

Metro Urology is an equal opportunity employer and complies with all laws protecting discrimination of employees on the basis of sex, race, color, religion, creed, national origin, age, sexual orientation, marital status, disability, status with regard to public assistance and any other protected class status.

I certify that all of the information I provided Metro Urology in this application and during the hiring process is true and complete. I understand and acknowledge that any false, misleading, or incomplete information in this application or during the hiring process may result in rejection of my application or, if I have been hired, immediate termination of employment.

I authorize Metro Urology to investigate the information contained in this application and release it and its employees and agents from any and all liability for seeking information and opinions on me. I authorize all former employers, educational institutions, entities, and persons to release information concerning me and hereby release them from all liability for issuing such information. I hereby waive any privilege I have to such information. I also authorize Metro Urology to give references and provide information about me in response to inquiries if hired.

I understand and agree that nothing contained in this employment application or in the granting of an interview, and no policies, procedures, or handbooks of Metro Urology that I might receive if I am hired, are intended to create an employment contract between Metro Urology and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Metro Urology unless made by the Executive Director of Metro Urology in a formal written agreement signed by both of us. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, with or without cause, and with or without prior notice, and that Metro Urology has the same right.

Signature of Applicant

Date

Thank you for your interest in Metropolitan Specialists, P.A.