

Loudoun Medical Group, Human Resources Department, 224-D Cornwall Street, N.W., Suite 403, Leesburg, VA 20176 • (703) 737-6010

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	DATE
ADDRESS (Include Street, City, State, and Zip Code)	TELEPHONE HOME () BUSINESS ()	
POSITION DESIRED (Must list a specific position, "ANY" is unacceptable)	DATE YOU CAN START	MINIMUM SALARY ACCEPTABLE \$
CHECK DESIRED WORK CLASSIFICATION <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Temporary How long?	DAYS YOU CAN WORK	HOURS YOU CAN WORK
ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> Yes <input type="checkbox"/> No	HOW DID YOU HEAR OF THE POSITION FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other	

Are you legally eligible to work for any employer in the United States? Yes No

(Proof of employment eligibility will be required upon employment.)

Have you been employed previously by Loudoun Medical Group? Yes No

If yes, give dates _____

EDUCATION

NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	DEGREE OR DIPLOMA	COURSE OF STUDY
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No		
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No		
TRADE/VOCATIONAL SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME OF TRADE OR PROFESSIONAL LICENSE	STATE AND/OR PROFESSIONAL LICENSE NO	ARE YOU CURRENTLY LICENSED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date of expiration? _____		

MILITARY SERVICE

BRANCH OF SERVICE	DATE ENTERED ____/____/____ (Month) (Year)	DATE DISCHARGED ____/____/____ (Month) (Year)
DESCRIBE MILITARY TRAINING/EXPERIENCE		

EMPLOYMENT HISTORY

START WITH CURRENT OR MOST RECENT EMPLOYER

A RESUME MAY ACCOMPANY THIS APPLICATION BUT THE EMPLOYMENT SECTION MUST BE COMPLETED.

May we contact your current employer for a reference?..... Yes No

NAME OF CURRENT/LAST EMPLOYER	SUPERVISOR'S NAME AND TITLE
ADDRESS	DATES EMPLOYED FROM _____ / _____ To _____ / _____ <small>(Month) (Year) (Month) (Year)</small>
TELEPHONE	SALARY \$ _____ per
JOB TITLE	STATUS <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
DESCRIBE YOUR DUTIES AND RESPONSIBILITIES	
REASN FOR LEAVING	YOUR NAME (IF DIFFERENT) WHILE EMPLOYED

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SPECIALIZED SKILLS
CHECK SKILLS/EQUIPMENT OPERATED

Data Entry Calculator Computer

Computer Applications (Specify):

Other (List):

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION

Have you ever been denied a bond or had a bond cancelled? Yes No

If yes, please explain: _____

Have you been convicted of a felony within the last five years? Yes No

If yes, please describe the circumstances of your conviction, indicating the date, nature, and place of the offense and disposition of the case. *(A conviction does not necessarily bar employment.)*

ADDITIONAL BUSINESS REFERENCES

NAME	ADDRESS	PHONE	TITLE
NAME	ADDRESS	PHONE	TITLE
NAME	ADDRESS	PHONE	TITLE

EMERGENCY CONTACT INFORMATION

IN CASE OF AN EMERGENCY, WE WILL NOTIFY THE PERSON LISTED BELOW.

Name: _____ Relationship: _____

Address: _____

Phone: _____



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**THE FOLLOWING STATEMENT IS PART OF THIS APPLICATION.
READ IT CAREFULLY AND SIGN BELOW.**

I certify that the answers given to me to the above questions and statements are true and correct without consequential omission of any kind. I agree that the organization shall not be liable in any respect if my employment is terminated because of false statements, answers or omissions made by me in this application. I agree that my previous employers and present employer named herein may be asked for information relative to my employment with them, and I hereby release from all liability or claim for damage all individuals or corporations who provide such information.

I understand that this employment application and any other organization document are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and I may be terminated by the employer at any time, for any reason. I understand that any oral or written statements, including statements in the employee handbook, may be changed without notification to me. I also agree to conform to the rules and regulations of Loudoun Medical Group and/or its affiliate for which I am applying for employment.

Signature

Date