



ASSOCIATES IN MEDICINE & SURGERY, LLC

8851 Boardroom Circle • Ft. Myers, FL 33919  
(239) 481-7000 • (239) 481-8150 fax

Specializing in Podiatry, Family Practice, Internal Medicine, Interventional Pain Management

**APPLICATION FOR EMPLOYMENT**

Position applying for \_\_\_\_\_ Date \_\_\_\_\_ Gender ( ) Male ( ) female

Full Legal Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ DOB \_\_\_\_\_ Cell # \_\_\_\_\_ Marital Status \_\_\_\_\_

Email address: \_\_\_\_\_

**Education/Training:** Did you graduate from high school? ( ) yes ( ) no

If no, last grade completed: \_\_\_\_\_ GED obtained? ( ) yes ( ) no

College/University/Trade Business/Correspondence School	Major Area of Study	Number of years attended	Type of degree/ Certificate granted
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\_\_\_\_\_  
\_\_\_\_\_

**Employment History:** List present or most recent position first. May we contact your present employer? ( ) yes ( ) no

**Employer** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

From (month/yr) \_\_\_\_\_ To (month/yr) \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

From (month/yr) \_\_\_\_\_ To (month/yr) \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

From (month/yr) \_\_\_\_\_ To (month/yr) \_\_\_\_\_ Job Title \_\_\_\_\_ Salary \_\_\_\_\_

Description of Job Duties \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Supervisor \_\_\_\_\_ Reason for leaving \_\_\_\_\_



**Any physical Limitations**

\_\_\_\_\_

Please list any special skills or qualifications for this position

\_\_\_\_\_  
\_\_\_\_\_

Salary Desired for this position \_\_\_\_\_

Do you have dependable transportation? ( ) yes ( ) no

**References:** List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship
_____			
_____			
_____			

For the purpose of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? ( ) yes ( ) no. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

Have you ever been convicted of a felony or a misdemeanor? ( ) yes ( ) no

If yes, give date, place, offense, and outcome

\_\_\_\_\_  
\_\_\_\_\_

(Previous convictions do not necessarily disqualify an applicant from employment)

If you are hired you will have a two week trial period in which we observe you and you are taught the basics of your position. If you pass the two week trial period, you will then be given an additional ninety days to master your job.

Read Carefully before signing:

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 is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references 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 SWF Associates In Podiatric Medicine & Surgery, LC. In consideration of my employment, I agree to conform to the rules and regulations of SWF Associates In Podiatric Medicine & Surgery, LLC. I further agree that either I or the Company may terminate my employment with or without cause and with or without prior notice, at any time.

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

Date Interviewed \_\_\_\_\_ Initials \_\_\_\_\_