

**SEMMES MURPHEY CLINIC
EMPLOYMENT APPLICATION FORM**

Please mail completed application to:

**Attention: Human Resources Manager
6325 Humphreys Blvd
Memphis, TN 38120**

**Or fax application to:
(901) 259-2025**

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

OFFICE USE ONLY:
Date received: _____
Reviewed by: _____

PERSONAL INFORMATION

Date: _____

Name _____ Social Security Number _____

Present Address _____ City/State _____ Zip _____

Telephone Number _____

Are you over 18 years old? Yes ___ No ___

Job Applied For: _____ Pay rate requested \$ _____ per hour

Have you worked for us before? ___ If yes, when? _____

List any friends or relatives working for us: _____

List any special skills or qualifications that you may have: _____

If hired, do you have a reliable means of transportation to get to work? _____

Have you been convicted of a felony in the past ten (10) years? _____

Date of Conviction: _____

Nature of Conviction: _____

EDUCATION:

Type of School	Name of School	Mailing Address	Major/Degree
High School			
College			
Business/Trade School			
Professional School			

PRIOR WORK HISTORY: (List in order, last or present employer first)

Name of Employer Address City, State, Zip Phone number	Dates of Employment: From: _____ To: _____ Pay or Salary _____ Name of Supervisor
Position Held	Reason for leaving
List duties performed, skills used or leaned, advancements or promotions received 	

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Have you ever been warned, disciplined or discharged for sexual harassment, fighting, assault or related offenses? _____ If yes, explain: _____

Explain any periods of unemployment _____

May we contact employers list above? _____ If not, indicate which one(s) you do not wish us to contact: _____

Are you authorized to work in the United States? _____ Yes _____ No

Person to be notified in case of an emergency:
 Name: _____ Relationship: _____ Telephone Number: _____

“Important, please read”

This application will not be considered unless full and satisfactory answers in your own handwriting are made to all questions in this document. This is not a continuing application, unless accepted or rejected earlier, this application will remain valid for thirty (30) days from its date, after which it shall be void. It shall not be renewed or extended without submission and completion of a new application.

This application is not only a record in considering you for employment, but is also kept a permanent record if employed. Please read over the date you have given with this point in mind and make certain that all of the requested information has been accurately and completely supplied.

To be valid, it must be signed by you.

 Applicant

Semmes Murphey Clinic is an Equal Opportunity Employer

I understand that if I am hired, my employment will be at will, for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I also understand that if offered employment, I may be required to take a physical examination and such examination will include blood, breath, urine, or saliva tests to determine the presence or use of alcohol or illegal controlled substances. I understand my employment will be conditional on my passing the physical examination, alcohol and controlled substance tests.

If employed, I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination as may be required by the Company, random or otherwise.

I hereby release the Company and the examining agency from any claims, demands, liabilities and/or damages by reason or arising out of any such alcohol or other drug test or the disclosure either to or by the Company of the results of any such test.

I understand that the Company may investigate my driving record, my criminal record, and my credit history, and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I authorize investigation of all statements contained in this application and authorize the references listed to give you any information concerning my previous education and employment and I release all parties from liability for any claims, demands, liability or damages that may result from furnishing of same to the Company. To the extent permitted by law, I agree to take a polygraph ("lie detector") test in the event that for reasons related to my employment, I am requested to do so.

I further understand that the Company may contact my previous employers and I authorize those employers indicated above to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I hereby affirm I am qualified for the position for which I am applying and I am capable of performing the essential functions of the applied for position.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THIS STATEMENT

_____ Date

_____ Signature of Applicant

