



# EAGLE PHYSICIANS

WE DO PRE-EMPLOYMENT DRUG TEST SCREENING

Eagle Physicians & Associates, P.A.  
Application for Employment

E-mail: [hr@eaglemds.com](mailto:hr@eaglemds.com) Fax: 336-691-8042

Please Indicate Which Division(s)

- Eagle Central / Eagle Business Services
- Information Technology
- Eagle Family Medicine @ Brassfield
- Eagle Ultrasound / Bone Density
- Eagle Gastroenterology / Eagle Endoscopy Center
- Eagle Family Medicine @ Guilford College
- Eagle Sleep Medicine
- Eagle Family Medicine @ Oak Ridge

- Eagle Obstetrics & Gynecology
- Eagle Internal Medicine @ Tannenbaum
- Eagle Family Medicine @ Triad
- Eagle Family Medicine @ Village
- Eagle Laboratory
- Eagle Walk-In Clinic
- Any Office at Eagle

## Section I – Personal Data

\_\_\_\_\_  
Last Name First Name M.I. Date

\_\_\_\_\_  
Street Address/Mailing Address Home Phone Number

\_\_\_\_\_  
City/State/Zip Code Alternate Phone Number

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_ E-mail Address \_\_\_\_\_

Did You Serve In The U.S. Armed Forces?  Yes  No  
If Yes, Which Branch? \_\_\_\_\_ Describe The Military Training As It Relates To The  
Position For Which You Are Applying.

## Section II – Position

Have You Ever Been Employed By Eagle Physicians or Any Of Its Divisions?  Yes  No  
If Yes, What Month/Year and Location: \_\_\_\_\_

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

Have You Ever Applied for Employment with Eagle Physicians or Its Divisions?  Yes  No  
If Yes, What Month/Year and Location: \_\_\_\_\_

Position(s) Desired: \_\_\_\_\_

Pay Expected: \_\_\_\_\_

What Hours Are You Available? \_\_\_\_\_

Would You Be Available For Overtime If Asked?  Yes  No

Are You Legally Eligible For Employment In The United States?  Yes  No

Date Available to Begin Work: \_\_\_\_\_

**Section III – Skills And Memberships**

**List Any Skills And Training Which May Qualify You For This Position:**

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**List Any Memberships, Certifications And Registering Agencies To Which You Belong:  
(Please Exclude Those Which May Disclose Your Race, Color, Religion Or National Origin)**

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**Section IV – Education**

	<u>School</u>	<u>Major # Years</u>	<u>Graduate?</u>	<u>Degree</u>	<u>GPA</u>
<b>Graduate</b>					

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**College**

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**Tech School**

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**High School**

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**Section V – Current/Previous Employment (Please Fill Out Even If You Are Attaching A Resume) Begin With The Most Recent**

**#1 Company Name :** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Employment Dates:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**Job Title(s) and Brief Description:**

\_\_\_\_\_  
\_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**#2 Company Name :** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Employment Dates:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**Job Title(s) and Brief Description:**

\_\_\_\_\_  
\_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**#3 Company Name :** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Employment Dates:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**Job Title(s) and Brief Description:**

\_\_\_\_\_  
\_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**#4 Company Name :** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Employment Dates:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_ **Ending Salary:** \_\_\_\_\_  
**Job Title(s) and Brief Description:**

\_\_\_\_\_  
\_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

**\*\*\*\*\*We May Contact The Employers Listed Above Unless You Indicate That You Do Not Wish Us To Contact Them. Please Do Not Contact The Following Employers:**

**Number(s)** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
**Reason:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section VI – Voluntary Section**

The civil rights act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination in employment based on age, citizenship or disability. The laws of North Carolina prohibit all of the above as well as discrimination based on ancestry, marital status or sexual preference.

If the following questions are checked, the information is necessary for the position(s) for which you are applying and is legally requested. If the items are unchecked, all information completed by you is strictly voluntary in nature and will not be used in the decision-making process for this position.

Are You a Citizen Of The U.S.?  Yes  No

How Long Have You Lived At Your Present Address? \_\_\_\_\_

How Long Did You Live At Your Previous Address? \_\_\_\_\_

Are You Over 18 Years Of Age? \_\_\_\_\_

Have You Ever Been Bonded?  Yes  No

If Yes, With Which Employers? \_\_\_\_\_

Have You Been Convicted Of A Crime In The Past 10 Years, Excluding Misdemeanor Summary Offenses Which Have Not Been Annulled, Expunged Or Sealed By The Court?  
 Yes  No If Yes, Please Describe:

State The Names Of Relatives And Friends Currently Working For Our Organization

**Section VII – Applicant Verification Of Information**

The information provided in this application for employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that Eagle Physicians & Associates, P.A. is an "at will" employer and that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decided to engage an investigative consumer-reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**For Employers Use Only  
Please Do Not Write On This Page**

**References:**

<b>Employer</b>	<b>Person Contacted</b>	<b>Comments</b>

<b>General</b>	<b>Person Contacted</b>	<b>Comments</b>

**Test Results:**

<b>Test Administered</b>	<b>Score</b>	<b>Rating</b>	<b>Analysis/Comments</b>

**Interviewer Comments/Results: Interviewed By:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Offer extended (date)** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Division:** \_\_\_\_\_

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