



# EAGLE PHYSICIANS

**WE DO PRE-EMPLOYMENT DRUG TEST SCREENING**

**COVID-19 and Influenza vaccine required as a condition of employment, please direct questions to Eagle HR**

**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)**

- |  |   |
|--|---|
| <input type="checkbox"/> Eagle Central / Eagle Business Services         | <input type="checkbox"/> Eagle Obstetrics & Gynecology        |
| <input type="checkbox"/> Information Technology                          | <input type="checkbox"/> Eagle Internal Medicine @ Tannenbaum |
| <input type="checkbox"/> Eagle Family Medicine @ Brassfield              | <input type="checkbox"/> Eagle Family Medicine @ Triad        |
| <input type="checkbox"/> Eagle Ultrasound                                | <input type="checkbox"/> Eagle Family Medicine @ Village      |
| <input type="checkbox"/> Eagle Gastroenterology / Eagle Endoscopy Center | <input type="checkbox"/> Eagle Laboratory                     |
| <input type="checkbox"/> Eagle Family Medicine @ Guilford College        | <input type="checkbox"/> Eagle Walk-In Clinic                 |
| <input type="checkbox"/> Eagle Sleep Medicine                            | <input type="checkbox"/> Eagle Pediatrics                     |
| <input type="checkbox"/> Eagle Family Medicine @ Oak Ridge               | <input type="checkbox"/> 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:

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

Section IV – Education

	<u>School</u>	<u>Major # Years</u>	<u>Graduate?</u>	<u>Degree</u>	<u>GPA</u>
Graduate					
College					
Tech School					
High School					

**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:** \_\_\_\_\_  
**Job Title(s) and Brief Description:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**Reason for Leaving:** \_\_\_\_\_

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

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

**#4 Company Name :** \_\_\_\_\_ **Telephone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Employment Dates:** \_\_\_\_\_  
**Supervisor Name:** \_\_\_\_\_  
**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

Did an Eagle Employee refer you \_\_\_\_ Yes \_\_\_\_ No  
Please provide the name of the employee who referred you

## 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. I understand that clearance of pre-employment drug screen is required and COVID-19 and Flu vaccine is required as condition of employment, absent qualified exemption.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

**References:**

Employer	Person Contacted	Comments

General	Person Contacted	Comments

**Test Results:**

Test Administered	Score	Rating	Analysis/Comments

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

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