



EAGLE PHYSICIANS

WE DO PRE-EMPLOYMENT DRUG TEST SCREENING

**COVID-19 and Flu vaccine required as condition of
employment, absent qualified exemption.**

Eagle Physicians & Associates, P.A.

Application for Employment

E-mail: 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
- 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
- Eagle Pediatrics
- Any Office at Eagle

Section I – Personal Data

Last Name	First Name	M.I.	Date
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Street Address/Mailing Address	Home Phone Number
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City/State/Zip Code	Alternate Phone Number
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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

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:** _____