



# North Carolina Eye, Ear, Nose & Throat

4102 N. Roxboro St. Durham, NC 27704 Fax 919-595-2188

An Equal Opportunity Employer

Applications remain active 60 days

**PERSONAL DATA**

Date \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you less than 18 years of age?  Yes  No

If yes, do you have a worker's permit?  Yes  No

If hired, you will be required to provide documentation verifying citizenship or eligibility to work in the U.S.

Are you legally authorized to work in the U.S.?  Yes  No

**POSITION APPLYING FOR: (you may apply for up to 3 positions per application)**

1 \_\_\_\_\_ Salary Desired \_\_\_\_\_

2 \_\_\_\_\_ Salary Desired \_\_\_\_\_

3 \_\_\_\_\_ Salary Desired \_\_\_\_\_

Status \_\_\_\_\_ # of hours per week desired if part-time or PRN \_\_\_\_\_ Date you are available to begin work \_\_\_\_\_

Have you ever worked at North Carolina, Eye, Ear, Nose & Throat or North Carolina Eye and Ear Hospital?  Yes  No

How did you hear about this position?

Online Job Posting  Company Website  Newspaper

Employee (name) \_\_\_\_\_  Walk-In  Other

**EMPLOYMENT RECORD (starting with current or most recent position)**

Name of Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Hire Date:  Date Separated:

Employment Status \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Hire Date: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employment Status \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City \_\_\_\_\_  State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Hire Date: \_\_\_\_\_ Date Separated: \_\_\_\_\_

Employment Status \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Supervisor \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Hire Date: \_\_\_\_\_ Date Separated:

Employment Status \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

REFERENCES: Please provide (3) additional references that are not friends or relatives.

Name _____	Phone Number _____	Relationship _____
Name _____	Phone Number _____	Relationship _____
Name _____	Phone Number _____	Relationship _____

EDUCATION:	School Name/City, State	Did you graduate?	Title or Degree	Major Course of Study
High School Name				
College				
Graduate School				
Nursing School				
Other Training				

**SKILLS**

Check those with which you have experience:

- |                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> MS Word   | <input type="checkbox"/> MS Power Point        | <input type="checkbox"/> MS Excel            |
| <input type="checkbox"/> MS Access | <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> Internet  |  |  |

Please list any additional skills that are applicable to the position applied for: \_\_\_\_\_

**CERTIFICATES/LICENSES**

To Be Completed by Licensed/Registered/Certified Applicants Only

Field Specialty _____	License/Reg # _____	State Issued _____	Expiration Date _____
Field Specialty _____	License/Reg # _____	State Issued _____	Expiration Date _____
Field Specialty _____	License/Reg # _____	State Issued _____	Expiration Date _____

Are there any restrictions on your license?  Yes (explain below)  No

Is your license now or has it ever been under investigation or encumbered in North Carolina or any other state?

Yes (explain below)  No

If yes, explain:

Do you currently have any other certifications? if yes, what?

To Be Completed Only If You Are Applying For A Position Requiring You To Drive During Work Hours

Do you have a current NC driver's license?  Yes  No

If yes, expiration date: \_\_\_\_\_

I understand and agree that it is my responsibility to retain a valid driver's license and notify managers if my license is invalidated

**CRIMINAL BACKGROUND INVESTIGATION AUTHORIZATION**

I authorize the release of any and all information to North Carolina Eye, Ear, Nose & Throat, P.A. and their agents in their background investigation of my employment application. North Carolina Eye, Ear, Nose & Throat, P.A. and its agents are authorized to release information about me relative to the conviction, guilty plea or no-contender plea of any crime. I further understand and waive the right of confidentiality in this investigation and release and hold harmless North Carolina Eye, Ear, Nose & Throat, P.A. and its agents from any liability in this investigation. I agree that if any misrepresentation has been made by me herein, or the results of such investigation are not satisfactory, any offer of employment may be withdrawn, or my employment terminated.

Have you ever AT ANY TIME, been convicted or plead guilty to a felony or misdemeanor, including traffic violations?

Yes, please provide the information below:       No      Conviction of a crime does not automatically disqualify you.

Description of offense: \_\_\_\_\_

Date of Charge \_\_\_\_\_ Date of Conviction \_\_\_\_\_ County, City or State of conviction: \_\_\_\_\_

FOR ADDITIONAL CONVICTIONS USE PLAIN PAPER AND ATTACH TO YOUR APPLICATION, INCLUDE ALL INFORMATION AB OVE

Please list prior cities, countries and states you have lived in for the last 10 years if different from your current address:

Month/Year - Month/Year	_____	City	_____	County	_____	State	_____
Month/Year - Month/Year	_____	City	_____	County	_____	State	_____
Month/Year - Month/Year	_____	City	_____	County	_____	State	_____
Month/Year - Month/Year	_____	City	_____	County	_____	State	_____

Please sign here: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**DRUG TESTING POLICY**

North Carolina Eye, Ear, Nose & Throat, P.A. is committed to maintaining an environment which is free from the abuse of drugs or alcohol to protect the health, safety and well-being of our patients, employees, and visitors. We reserve the right to test for the presence of drug or alcohol abuse in situations where a reasonable suspicion of usage exists. Employment at North Carolina Eye, Ear, Nose & Throat, P.A. is contingent upon successful completion of a pre-employment drug screen.

**APPLICANT AGREEMENT**

I understand that the information on this application has been requested for the purpose of evaluating my qualifications for employment. This application and any other documents presented to me in course of applying for a position with North Carolina Eye, Ear, Nose & Throat, P.A. are not contracts or promises of employment. I also understand that if I am hired, I will be an employee-at-will, which means that I may leave my employment voluntarily for any reason at any time and likewise be terminatd by North Carolina Eye, Ear, Nose & Throat, P.A. at any time for any reason. I understand that any oral or written statements to the contrary are not binding on North Carolina Eye, Ear, Nose & Throat, P.A. and that I may not rely upon them.

I authorize North Carolina Eye, Ear, Nose & Throat, P.A. to investigate all statements on this application including work and education references. I authorize my previous employers and work and /or education-related references to provide North Carolina Eye, Ear, Nose & Throat, P.A. with all documents and information which it requests in conjunction with my application for employment with North Carolina Eye, Ear, Nose & Throat, P.A. I release and waive any and all claims, including but not limited to claims for defamation, libel, and slander, that I may have against any such individual or company as a result of their compliance with North Carolina Eye, Ear, Nose & Throat, P.A.'s request for information.

I understand that the needs of North Carolina Eye, Ear, Nose & Throat, P.A. may require changes in the work environment and assigned schedules, including but not limited to overtime, weekend work, and rotating shifts. In the event of employment by North Carolina Eye., Ear, Nose & Throat, P.A., I agree to adhere to such changes and abide all present and subsequently issued policies and procedures of North Carolina Eye, Ear, Nose & Throat, P.A.

I understand that any false statements, omission of facts or misrepresentation in connection with my application form may be sufficient cause, in and of itself, to disqualify me for employment or cause my dismissal from employment whenever discovered.

Please Sign Here: \_\_\_\_\_ Date Signed: \_\_\_\_\_