



2769 HEARTLAND DRIVE SUITE 201
 CORALVILLE, IA 52241
 (319) 337-3193

Obstetric & Gynecologic Associates of Iowa City and Coralville, P.C. is an EOE employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

Please complete all portions of the application. A resume may also be attached, but not used in lieu of the application. Thank you.

PERSONAL INFORMATION

Full Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Position Applied for: _____

Expected Salary for this Position: _____

Specific Skills or Training: _____

EDUCATION

| SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. YEARS COMPLETED | DATES ATTENDED | DID YOU GRADUATE? | DEGREE OR DIPLOMA? |
|-----------------------|-----------------------------|-----------------|---------------------|----------------|---|--------------------|
| HIGH SCHOOL | | N/A | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| BUSINESS/TRADE SCHOOL | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| COLLEGE | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

Are you legally eligible for employment in the United States? Yes No

Are you a U.S. Citizen? Yes No

Please state the names of friends and relatives working for us.

EMPLOYMENT EXPERIENCE

Place an "X" by the employer(s) you do not want us to contact. List your most recent employer first. If you held multiple positions with an employer, please list all positions held.

_____ EMPLOYER NAME: _____

Complete Address: _____

Phone: _____ Job Title: _____

Supervisor: _____ Dates Employed: _____

Job Duties: _____

Reason for Leaving: _____

Salary History: Starting Salary: _____ Ending Salary: _____

_____ EMPLOYER NAME: _____

Complete Address: _____

Phone: _____ Job Title: _____

Supervisor: _____ Dates Employed: _____

Job Duties: _____

Reason for Leaving: _____

Salary History: Starting Salary: _____ Ending Salary: _____

____ EMPLOYER NAME: _____

Complete Address: _____

Phone: _____ Job Title: _____

Supervisor: _____ Dates Employed: _____

Job Duties: _____

Reason for Leaving: _____

Salary History: Starting Salary: _____ Ending Salary: _____

____ EMPLOYER NAME: _____

Complete Address: _____

Phone: _____ Job Title: _____

Supervisor: _____ Dates Employed: _____

Job Duties: _____

Reason for Leaving: _____

Salary History: Starting Salary: _____ Ending Salary: _____

PROFESSIONAL REFERENCES

Name: _____

Address: _____ Phone: _____

Relationship: _____ Years Known: _____

Name: _____

Address: _____ Phone: _____

Relationship: _____ Years Known: _____

PERSONAL REFERENCES

Name: _____

Address: _____ Phone: _____

Relationship: _____ Years Known: _____

Name: _____

Address: _____ Phone: _____

Relationship: _____ Years Known: _____

Please be sure to sign and date this application. Thank you for your interest in Obstetric & Gynecologic Associates of Iowa City and Coralville, P.C.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. The above information is true and complete to the best of my knowledge. Should I be employed by Obstetric & Gynecologic Associates of Iowa City and Coralville, P.C. (The Company), any misrepresentation or false statement contained herein may be considered cause for possible dismissal.

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education, educational background, and/or criminal history. I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. If I become an employee, I agree to notify The Company of any previous criminal convictions or founded dependent abuse records and understand that depending upon the nature of the offense, my employment may be terminated. Such action would occur only after a careful consideration of all the facts. If hired, I understand it's my obligation to notify The Company within forty-eight hours of a criminal conviction or entry on the centralized child abuse or dependent adult abuse registry.

I understand that if employed I am not covered by an employment contract of any kind unless expressly agreed to in writing by The Company. Employment at The Company is based on the premise of employment-at-will wherein the employer or the employee is free to terminate the employment relationship for any reason or for no reason at all with or without prior notice.

Signature

Date