

**North Florida Medical Centers, Inc.**  
**Employment Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

List any other names you have used or currently use, including nicknames and married names:

Address/City/State/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Indicate Position for which you are applying: \_\_\_\_\_

Located in which city: \_\_\_\_\_

Salary Expectation: \_\_\_\_\_

How were you referred to us?

- Newspaper Ad     School     On my own     Current employee: \_\_\_\_\_

Other: \_\_\_\_\_

Do you wish to work:

- Full-Time     Part-time     Full or part-time

Are you available to travel?

- yes     no     Limited travel

Date available to start work? \_\_\_\_\_

**EDUCATION:**

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Graduated	Credits/Major or Degree
High School				
College Bus. Or Trade School				
Professional School				
Other				

**References (not employers or relatives – at least 3) with contact information (phone and email)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**CERTIFICATIONS/PROFESSIONAL LICENSE: (please list and attach copies)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Have you ever been convicted of a criminal offense?  yes  no If yes, date: \_\_\_\_\_

Place and nature of conviction

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Has a complaint been filed against your professional license?  yes  no

If yes, please explain

Do you have a current and valid driver's license?  yes  no

State of issue:  D/L #:

Have you had any accidents in the past 3 years?  yes  no

Have you had any moving violations in the past 3 years?  yes  no

Are you legally authorized to work in the United States?  yes  no

Have you previously applied for employment with North Florida Medical Centers?  yes  no

If yes, when? \_\_\_\_\_

Have you previously been employed by North Florida Medical Centers?  yes  no

If yes, when? \_\_\_\_\_

If employed by us, will you receive compensation from any other concurrent employment source?  Yes  no

If the answer is yes, please explain: \_\_\_\_\_

**PREVIOUS EMPLOYMENT (list up to 3)**

*NOTE: Please list complete job duties. "See Resume" will not be accepted*

**1.**

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

Name of last supervisor: \_\_\_\_\_

Dates of employment:

From: mm/yr  To: mm/yr

Salary:

From:  To:

Complete Address/City/State/Zip: \_\_\_\_\_

Phone # / FAX # (required): \_\_\_\_\_

Last job title: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for leaving (be specific):

May we contact this employer:  yes  no

2.

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

Name of last supervisor: \_\_\_\_\_

Dates of employment:

From: mm/yr

To: mm/yr

Salary:

From:

To:

Complete Address/City/State/Zip: \_\_\_\_\_

Phone # / FAX # (required): \_\_\_\_\_

Last job title: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for leaving (be specific):

May we contact this employer:     yes     no

3.

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

Name of last supervisor: \_\_\_\_\_

Dates of employment:

From: mm/yr

To: mm/yr

Salary:

From:

To:

Complete Address/City/State/Zip: \_\_\_\_\_

Phone # / FAX # (required): \_\_\_\_\_

Last job title: \_\_\_\_\_

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

Reason for leaving (be specific):

May we contact this employer:     yes     no

Software Applications (list all that apply):

Please indicate any other information you think would be helpful to us in considering you for employment. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or disability):

**RELEASE AND APPLICANT'S SIGNATURE**

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state and other agencies, which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize with reservation, any party or agency contacted to furnish the above-mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information by **NFMC** and/or any of their agents. This authorization and consent shall be valid in original, fax or copy form.

\_\_\_\_\_  
Initials

**All hiring and employment at North Florida Medical Centers, Inc. is at will.**

I understand this application is not an employment contract, nor can it be used to create one. Employment by NFMC has no specific term and may be terminated by the employee or NFMC with or without notice. I acknowledge that NFMC has not made any promises or representations that differ from those contained in this paragraph.

I understand that I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with NFMC, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless an individual, company, business institution or government agency from all liability with regard to furnishing information to NFMC. I agree and hold harmless NFMC from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer or employment made to me may be withdrawn or my subsequent employment with **NFMC** may be terminated.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Date received in HR

\_\_\_\_\_  
By Whom

If the blue button (below) does not work, it may be due to your computer settings. If so, please save this as a pdf and email as an attachment to [hrdepartment@nfm.org](mailto:hrdepartment@nfm.org).