EMPLOYMENT APPLICATION.

If you would like to be a part of our team, complete the application form below and one of our Human Resources staff will reach out to you.

Contact Information

First Name

Last Name

Present Address

City State Zip/Postal

Permanent Address (if different from present address)

City State Zip/Postal

Home Phone

Business Phone

Email

Employment Desired

Position Applying For:

Regular Full Time Work?
- Yes
- No

Regular Part Time Work?
- Yes
- No

Temporary work, e.g., summer or holiday work?
- Yes
- No

What days and hours are you available for work?

If applying for temporary work, during what period of time will you be available?

Start Finish

Are you available for work on weekends?
- Yes
- No

Would you be available to work overtime, if necessary?
- Yes
- No

If hired, on what date can you start work?

Salary desired:

Personal Information

Have you ever applied to or worked for Drs. Martin & Kirk PLLC before?
- Yes
- No

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Do you have any friends or relatives working for Drs. Martin & Kirk PLLC?
- Yes
- No

Why are you applying for work a Drs. Martin & Kirk PLLC?

If hired, would you have a reliable means of transportation to and from work?
- Yes
- No

Are you at least 18 years old? If under 18, hire is subject to verification that you are of minimum legal age.
- Yes
- No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?
- Yes
- No

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants; employers to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed?
- Yes
- No

Education, Training, and Experience

High School

Name

Address

City State/Province Zip/Postal

Number of years Completed: Did you Graduate? Degree or Diploma:
- Yes
- No

College/University

Name

Address

City State/Province Zip/Postal

Number of Years Completed Did you Graduate? Degree or Diploma
- Yes
- No

Vocational/Business

Name

Address

City State/Province Zip/Postal

Number of Years Completed Did you Graduate? Degree or Diploma
- Yes
- No

Heathcare Training

Name

Address

City State/Province Zip/Postal

Number of Years Completed Did you Graduate? Degree or Diploma
- Yes
- No

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Drs. Martin & Kirk PLLC?
- Yes
- No

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?
- Yes
- No

Has your license ever been revoked or suspended?
- Yes
- No

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient).
Account for all periods of unemployment. You must complete this section even if attaching a resume.

Employment Details

Name of Employer

Address

City State/Province Zip/Postal

Phone Type of Business

Supervisor's Name

Pay
- Salary
- Hourly

Starting Rate Ending Rate

Dates of Employment: From: To:

Your Position and Duties:

Reason For Leaving

May we contact this employer for a reference?
- Yes
- No

Add Remove

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Reference

First Name: Last Name: Phone

Address

City State/Province Zip/Postal

Occupation: Number of Years Aquainted:

Add Remove

Please Read Carefully, Initial Each Paragraph and Sign Below

Initial

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initial

I hereby authorize Drs. Martin & Kirk PLLC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporation, partnerships, and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initial

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Your Signature (Type your full name): Date:

I'm not a robot reCAPTCHA Privacy - Terms

Submit