

**Southwest Gastroenterology, P.C.**  
**Southwest Endoscopy, Ltd.**

**Employment Application**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: (    ) E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?		
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			

If yes, explain: \_\_\_\_\_

**Education**

High School:	Address: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
From: _____ To: _____					
College:	Address: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
From: _____ To: _____					
Other:	Address: _____	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____
From: _____ To: _____					

**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Employment

Company: Phone: ( )  
Address: Supervisor:  
Job Title: Starting Salary: \$ Ending Salary: \$  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? YES NO

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Company: Phone: ( )  
Address: Supervisor:  
Job Title: Starting Salary: \$ Ending Salary: \$  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? YES NO

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Company: Phone: ( )  
Address: Supervisor:  
Job Title: Starting Salary: \$ Ending Salary: \$  
Responsibilities:  
From: To: Reason for Leaving:  
May we contact your previous supervisor for a reference? YES NO

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### Military Service

Branch: From: To:  
Rank at Discharge: Type of Discharge:  
If other than honorable, explain:

### Disclaimer and Signature

*In making this application for employment, I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give Southwest Gastroenterology and/or Southwest Endoscopy(SWGA/SWE) any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to Southwest Gastroenterology and/or Southwest Endoscopy.*

*I understand that this employment application and any other documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial basis for one hundred eighty days from the date of my hiring. I further understand that, if I am employed, I can terminate my employment with or without cause and with or without notice, during this time period and SWGA/SWE has a similar right. The manager may require specific performance and/or productivity that may change from time to time and such requirement and performance may be the basis of continued*

*employment.*

*I understand that SWGA/SWE prohibits the use of alcoholic beverages, controlled substances or illegal drugs while at work.*

*I understand that employment is contingent on a negative drug screen as arranged by SWGA/SWE.*

*I certify that my answers are true and complete to the best of my knowledge.*

*I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the exclusive judgment of SWGA/SWE) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.*

*I have read and understand this statement.*

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