



**PULMONARY MEDICINE INFECTIOUS DISEASE  
AND CRITICAL CARE CONSULTANTS**

**MEDICAL GROUP, INC.**

5 Medical Plaza Drive, Suite 190  
Roseville, CA 95661  
Telephone: (916) 786-7498  
Fax: (916) 786-2715

6403 Coyle Avenue, Suite 450  
Carmichael, CA 95608  
Telephone: (916) 482-7621  
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1485 River Park Drive, Suite 200  
Sacramento, CA 95815-  
Telephone: (916) 325-1040  
Fax: (916) 669-4100

Business Office  
1300 Ethan Way, Suite 600  
Sacramento, CA 95825  
Telephone: (916) 482-7623  
Fax: (916) 488-7432

**Employment Application**  
(Please Print)

\_\_\_\_\_  
Date Last Name First Name Middle

**Present Address**

\_\_\_\_\_  
No. & Street City State Zip Code

**Permanent Address (if different from present address)**

\_\_\_\_\_  
No. & Street City State Zip Code

\_\_\_\_\_  
Business Phone Home Phone Cell Phone

**Employment Desired**

What position are you applying for? \_\_\_\_\_

Are you applying for:

- Regular full time work? .....  Yes  No
- Regular part time work? .....  Yes  No
- Shift work? .....  Yes  No
- Temporary? .....  Yes  No
- Alternative shifts? (Example: four 10 hour days or three 12 hour days) .....  Yes  No

On what date would you be available for work? \_\_\_\_\_

What days and hours are you able to work? \_\_\_\_\_

Are you available to work on weekends? .....  Yes  No

Are you available to work overtime, if necessary? .....  Yes  No

Salary desired: \_\_\_\_\_

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**Personal Information**

Have you ever been employed with this PMA before? .....  Yes  No

If yes, give dates of employment: \_\_\_\_\_

Do you have any friends or relatives working for PMA?.....  Yes  No

If yes, state name(s) and relationships:

_____	_____
Name	Relationship

_____	_____
Name	Relationship

Why are you applying for work at PMA?

\_\_\_\_\_

Do you have a reliable means of transportation to work? .....  Yes  No

Are you at least 18 years of age? .....  Yes  No

If offered employment and under 18 years of age, can you furnish a work permit? .....  Yes  No  N/A

If offered employment can you provide proof of citizenship or legal authorization to live and work in the U.S. within 72 hours of hire? .....  Yes  No

Can you perform the essential functions of the position with or without reasonable accommodation? .....  Yes  No

**(Pulmonary Medicine Associates (PMA) complies with the Americans' with Disabilities Act and will consider reasonable accommodation for qualified individuals to enable performance of essential functions. Hire may be subject to passing a medical exam and/or skill agility tests)**

If no, describe the functions that cannot be performed: \_\_\_\_\_

\_\_\_\_\_

The information requested below is necessary for the specific position for which you are applying. Have you been convicted of a felony or serious misdemeanor within the last 7 years? .....  Yes  No  
(Please do not list Marijuana convictions more than two years old, infractions, records relating to diversion programs, convictions that have been judicially dismissed or ordered sealed pursuant to law, or any convictions, adjudications or other court orders or actions by a juvenile court).

If yes, state the nature of the crime(s), when and where convicted, and disposition of the case:

\_\_\_\_\_

\_\_\_\_\_

**(Note: A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered. Any information regarding criminal history will be maintained confidentially.)**

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**(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)**

Are you currently employed? .....  Yes  No

If yes, may we contact your present employer? .....  Yes  No

**Licensing/Credentials**

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

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

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?  Yes  No

If yes, state the reason(s), date of revocation or suspension, and date of reinstatement: \_\_\_\_\_

Do you speak any other languages? .....  Yes  No

If yes, please indicate which languages: \_\_\_\_\_

Have you ever served in the military? .....  Yes  No

If yes, did you obtain skills that can be used in this position? Please explain: \_\_\_\_\_

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**Education, Training and Experience**

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ Describe Course of Study			
<b>College/ University</b>	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ Describe Course of Study			
<b>Vocational/ Business</b>	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ Describe Course of Study			
<b>Graduate/ Professional</b>	_____ Name	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	_____ Describe Course of Study			

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at PMA?

Yes  No .....

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

List professional, trade, business or civic activities and offices held: (You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)

\_\_\_\_\_  
\_\_\_\_\_

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**Employment History**

_____ Name of Employer		_____ Phone Number	
_____ Type of Business		_____ Supervisor's Name	
_____ No. & Street	_____ City	_____ State	_____ Zip Code
Dates of Employment: _____ From To		Pay: _____ Starting Ending	
_____ Your Position and Duties			
_____ Reason for Leaving			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

_____ Name of Employer		_____ Phone Number	
_____ Type of Business		_____ Supervisor's Name	
_____ No. & Street	_____ City	_____ State	_____ Zip Code
Dates of Employment: _____ From To		Pay: _____ Starting Ending	
_____ Your Position and Duties			
_____ Reason for Leaving			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

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Name of Employer _____		Phone Number _____	
Type of Business _____		Supervisor's Name _____	
No. & Street _____	City _____	State _____	Zip Code _____
Dates of Employment: _____		Pay: _____	
From	To	Starting	Ending
Your Position and Duties _____			
Reason for Leaving _____			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer _____		Phone Number _____	
Type of Business _____		Supervisor's Name _____	
No. & Street _____	City _____	State _____	Zip Code _____
Dates of Employment: _____		Pay: _____	
From	To	Starting	Ending
Your Position and Duties _____			
Reason for Leaving _____			
May we contact this employer for a reference? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

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**References**

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

_____	_____	_____	
First Name	Last Name	Phone Number	
_____	_____	_____	_____
No. & Street	City	State	Zip Code
_____	_____		
Occupation	No. of Years Acquainted		

_____	_____	_____	
First Name	Last Name	Phone Number	
_____	_____	_____	_____
No. & Street	City	State	Zip Code
_____	_____		
Occupation	No. of Years Acquainted		

_____	_____	_____	
First Name	Last Name	Phone Number	
_____	_____	_____	_____
No. & Street	City	State	Zip Code
_____	_____		
Occupation	No. of Years Acquainted		

**Applicant's Statement**

**Please Read Carefully, Initial Each Paragraph and Sign Below**

I hereby authorize the Company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, 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, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. \_\_\_\_\_

Initials

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 President of PMA. \_\_\_\_\_

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. \_\_\_\_\_

Initials

I waive receipt of a copy of any public record described in the paragraph above.

**This application for employment shall be considered active for a period of time not to exceed 180 days. If I wish to be considered for employment beyond this time period, I understand that I need to inquire as to whether or not applications are being accepted at that time and I may be required to resubmit my application.**

**I understand that neither this document nor any offer of employment from the employer constitutes an employment contract which would establish any set duration of employment unless a specific document to that effect is executed by the employer and me in writing. Pulmonary Medicine Associates is an at-will employer, which means that either the employer or the employee may terminate the employment relationship at any time, for any reason that is not illegal, with or without cause or notice.**

**In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies of the employer.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date