

HEMATOLOGY & ONCOLOGY ASSOCIATES OF NORTHEASTERN PA. PC

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| APPLICATION FOR EMPLOYMENT |
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Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

PERSONAL

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|--|------------|--|
| Last Name | First Name | Date |
| Street Address | | Home Telephone |
| City, State, Zip Code | | Business Telephone |
| Have you ever applied for employment with us? Yes _____ No _____ If yes, month and year: _____ | | Are you of legal age to work? Yes _____ No _____ |
| Position Desired: | | |
| Apart from absence for religious observances, are you available for fulltime work? Yes _____ No _____ If no, what hours can you work? _____ | | Will you work overtime if asked? Yes _____ No _____ |
| Are you legally eligible to work in the United States? | | When will you be available to start? |
| Please list any special training or skills (languages, machine operation, etc.) | | |

EDUCATION

| School Attended | Name and Location of School | Course of Study | Number of years completed | Did you graduate? | Degree or Diploma? |
|--------------------------|-----------------------------|-----------------|---------------------------|-------------------|--------------------|
| Graduate | | | | | |
| College | | | | | |
| Business/Trade/Technical | | | | | |
| High School | | | | | |
| Elementary | | | | | |

EMPLOYMENT

Please give complete full-time and part-time employment record. Start with your present or most recent employer.

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| Company Name | Telephone Number: |
| Address | Employment dates (month and year) From: Until: |
| Name of Supervisor | Pay rate: Start: Last: |
| Job Title Job Description | Reason(s) for leaving: |

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|--|--|
| Company Name | Telephone Number: |
| Address | Employment dates (month and year) From: Until: |
| Name of Supervisor | Pay rate: Start: Last: |
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| Address | Employment dates (month and year) From: Until: |
| Name of Supervisor | Pay rate: Start: Last: |
| Job Title Job Description | Reason(s) for leaving: |

I attest that the information provided in this application for employment is true, correct and complete.
 I understand that if I am employed, any misstatement or omission on this application may result in my dismissal.
 I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
 I authorize the employer to engage an investigative consumer reporting agency to report on my credit and personal history. If a report is obtained, you must provide, at my request, the name of agency, so I may obtain from the agency the nature and substance of the information contained in the report.

I authorize the employer to contact the employers listed above and authorize the employers above to discuss my employment with them.

Signature: _____ Date: _____

DO NOT CONTACT: Employer(s) number: _____ Reason: _____ Initial: _____