



Employment Application

Gaston Hematology & Oncology Personnel Department

PLEASE READ CAREFULLY: All requested information must be furnished. The information you give will be used to determine your qualifications for employment. It is **IMPORTANT** that you answer all questions on your application fully and accurately. If an item does not apply to you, or if there is no information to be given, please write the letters "NA" for Not Applicable. This record will be strictly confidential and the exclusive property of Gaston Hematology & Oncology Associates, PC.

Gaston Hematology & Oncology Associates, PC complies with the Immigration Reform and Control Act of 1986. All employees must provide documentation to verify identity and employment eligibility within the first three days of employment.

In accordance with Americans with Disabilities Act, we will consider reasonable accommodation if requested.

Gaston Hematology & Oncology Associates, PC is an equal opportunity employer and does not discriminate on the basis of race, sex, color, creed, age, disability, sexual orientation, or national origin.

2610 Aberdeen Blvd, Gastonia, NC 28054
PHONE: (704) 865-5210 FAX: (704) 865-6282
www.gastoncancer.com/employment

PERSONAL DATA: PART I

1. Position for which you are applying: _____

2. Name _____
(LAST NAME) (FIRST NAME) (MIDDLE NAME)

3. Phone: Area Code/No. Daytime () - - Evening () - - Other () - -

4. Email address: _____

5. Present mailing address: _____
(NUMBER AND STREET, RFD OR POST OFFICE BOX NUMBER)

(CITY) (COUNTY) (STATE) (ZIP CODE)

6. Permanent address if other than shown above: _____

7. Name of person to be notified in case of emergency: _____

() - _____
(ADDRESS) (PHONE NUMBER) (RELATIONSHIP)

EDUCATION AND TRAINING: PART II

HIGHEST GRADE COMPLETED	HIGH SCHOOL EQUIVALENCY TEST/GED	COLLEGE
Grade School High School	Date State Awarded Institution Where	Indicate Number of Credit Hours Received Semester Hrs. Quarter Hrs.

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	GRADUATED		TYPE OF DIPLOMA OR DEGREE	MAJOR/ MINOR OR FIELD OF STUDY
		Yes	No		
High School or Vocational School					
Technical Institutions or Schools					
College or University					
Graduate School					

8. Special professional and vocational qualifications, i.e., licenses, publications, public speaking, membership in professional or scientific societies, and volunteer experience:

9. Awards, honors, and fellowships received:

OFFICE/COMPUTER/EQUIPMENT SKILLS HISTORY:

Part III

1. In the space provided, please place an **X** beside the skills you possess:

- Typing (wpm ____)
- Data Entry (wpm ____)
- Electronic Medical Records (Which One(s)) _____
- Word Processor
- Copy Machine
- Fax Machine
- Computer (*List software proficient in e.g. Word, Excel, Access, etc.*) _____

2. Place an **X** beside credentials you have achieved:

- Register Nurse
- Licensed Practical Nurse
- Certified Medical Assistant
- Medical Assistant
- Certified Coder
- Physicians Assistant
- Nurse Practitioner
- Other _____

WORK HISTORY: PART IV

In the space provided below, give your employment history beginning with your PRESENT or most recent employer and list all positions held, including military, part-time, summer, and volunteer work. Details on any period of unemployment must be included. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL SHEETS USING THE SAME FORMAT. A personal resume CANNOT be substituted for this application; however, you may attach a resume as a supplement. You must complete ALL parts of the employment application in order for your application to be considered complete.

A. Name and business address of employer:

Date of employment from _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities: _____

Reason for leaving: _____

May we contact your present employer regarding your record of employment? Yes No

B. Name and business address of employer:

Date of employment from _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities: _____

Reason for leaving: _____

C. Name and business address of employer:

Date of employment from _____ to _____ Title of position: _____
Month/Day/Year

Part time: or Full time: Number of hours worked per week: _____

Beginning salary \$ _____ Present or last salary \$ _____

Name and title of supervisor: _____ Phone number () - _____

Description of duties and responsibilities: _____

Reason for leaving: _____

PHYSICAL EXAM AND CONTROLLED SUBSTANCE TESTING: A routine pre-employment physical exam is required following an offer of employment. Any medical problems identified during the physical exam that are directly related to the ability to perform assigned duties may result in withdrawal of job offer or termination if already employed.

Controlled substance testing is required prior to finalization of the selection process for employment, promotion, or transfer. Further information will be provided at the appropriate time in the selection process. A confirmed positive drug test will result in disqualification for employment, promotion, or transfer, and may be grounds for dismissal if already employed.

Scheduling information will be provided at the appropriate time.

In accordance with Americans with Disabilities Act, we will consider reasonable accommodation if requested.

MANAGEMENT POLICY: PART VII

TITLE: EMPLOYMENT OF RELATIVES

No person shall be employed, promoted, demoted, transferred, or otherwise appointed to a position supervised directly by a relative. Department heads may make transfers or reassignments, when possible, that will allow the appointment to take place but avoid supervision or other situations where influence over a relative's employment conditions could be exercised.

No person serving as evaluator of applicants for employment (interviewer, selection panel member, assessor, etc.) may be a relative of any applicant for that position.

This policy applies to all employment actions, including new hires, promotions, demotions, and transfers effective this date and following. Department heads are responsible for compliance with this policy and ensuring that favoritism does not occur.

DEFINITION OF RELATIVE: For purposes of this policy, relative is defined as wife, husband, mother, father, daughter, son, sister, brother, half-sister, half-brother, stepmother, stepfather, stepdaughter, stepson, stepsister, stepbrother, grandmother, grandfather, granddaughter, grandson, mother-in-law, father-in-law, son-in-law, daughter-in-law, sister-in-law, and brother-in-law. Also included is aunt, uncle, niece, nephew, including such relationships by marriage, and first cousin.

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY:

DECLARATION OF APPLICATION

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions and that the information I have provided in this application for employment, including application inserts and resume, is subject to verification by Gaston Hematology & Oncology. I am aware that should an investigation disclose any misrepresentation, omission or falsification, my application may be rejected, or if already employed, my employment may be terminated.

Date

Applicant's Signature

THANK YOU FOR MAKING APPLICATION FOR EMPLOYMENT WITH GASTON HEMATOLOGY & ONCOLOGY

JOB TITLE

DEPT

SUPPLEMENT TO GASTON HEMATOLOGY & ONCOLOGY EMPLOYMENT APPLICATION

This form is confidential and is used by the Personnel Department to obtain background checks and compile Equal Employment Opportunity statistical data. Please read form and fully complete relevant sections in LEGIBLE PRINT so that your application can be processed.

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I authorize the **GASTON HEMATOLOGY & ONCOLOGY** to investigate my police, court, and educational background. The disclosure of a record will not result in an automatic disqualification from employment, but will be considered in relation to the position for which I am applying.

PLEASE NOTE: YOU MUST PROVIDE YOUR "FULL" MIDDLE NAME AND A "PREVIOUS ADDRESS". IF YOU HAVE NOT LIVED AT YOUR CURRENT & PREVIOUS ADDRESS FOR A TOTAL OF 10 YEARS, THEN YOU MUST SUPPLY ADDITIONAL ADDRESSES BELOW OR USE A SEPARATE SHEET AND ATTACH IT TO THIS FORM.

LAST NAME	FIRST NAME	MIDDLE NAME	MAIDEN NAME
Date of Birth: _____		Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Race _____

Driver's License Number _____ State __ Type of License: CLASS: A B C CDL: CLASS: A B C

PLEASE PROVIDE **10 FULL YEARS** OF ADDRESSES BELOW: **(Do not list post office boxes.)**

Current Address	years	months
(STREET OR RFD) _____	CITY _____	COUNTY _____ STATE _____
length of time at address		
Previous Address	years	months
(STREET OR RFD) _____	CITY _____	COUNTY _____ STATE _____
length of time at address		
Previous Address	years	months
(STREET OR RFD) _____	CITY _____	COUNTY _____ STATE _____
length of time at address		
Previous Address	years	months
(STREET OR RFD) _____	CITY _____	COUNTY _____ STATE _____
length of time at address		
Previous Address	years	months
(STREET OR RFD) _____	CITY _____	COUNTY _____ STATE _____
length of time at address		

Have you ever served time in prison? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. YES NO

Have you ever been convicted of a felony? Note: A "yes" response does not automatically disqualify you from employment since the date and nature of the offense and the type of job for which you are applying will be considered. YES NO

APPLICANT'S SIGNATURE _____	DATE _____
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ADDITIONAL ADDRESS(ES) including county & # of years (If necessary):