



## Application for Employment

*The Digestive Disease & Nutrition Center of Westchester, LLP. is an Equal Opportunity employer. It does not discriminate against persons because of race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status or disability.*

Please type or print your responses below and sign the consent at the end of the application.

**Date:** \_\_\_\_\_

### Personal Data

Last Name:	First Name:	Middle Name:
Address:	City:	State:
Telephone Number:	Date of Birth:	Social Security Number:

Available to work:            \_\_\_ full-time            \_\_\_ part-time

Position applied for:

Job Title \_\_\_\_\_ Department \_\_\_\_\_ Rate of pay expected: \_\_\_\_\_

How did you learn about this company and position?

- \_\_\_ Advertisement
- \_\_\_ Other (please specify: \_\_\_\_\_)

Have you previously worked at The Digestive Disease & Nutrition Center of Westchester, LLP.

\_\_\_ Yes            \_\_\_ No

Are you authorized to work in the United States?

\_\_\_ Yes            \_\_\_ No

### Education

For each level of schooling listed below, please provide the school's name, address, your major course of study and the degree or diploma received.

School	Name and Address	Course of Study	Years Completed	Diploma/ Degree
High School				
College				
Graduate or Professional				
Other (specify)				



## Work Experience

Start with your present or most recent position. Account for periods of unemployment using supplemental sheets.

**A resume is not a substitute for completing this section.**

Employer:	Dates Employed		Description of Duties
Address:	From	To	
Phone:	Hourly Wage/Salary		
Supervisor:	Starting	Ending	
Reason for Leaving:	May we contact?		

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### Special Skills

Please list any special skills, such as computer skills, foreign languages or typing skills:

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### Certifications and Professional Memberships

Are you a licensed member of any profession or trade?

- Yes  
 No

Type of License: \_\_\_\_\_ License or Certificate Number and Year: \_\_\_\_\_

List any professional memberships or affiliations:

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### Professional References

Please include the name and contact information for three professional references. Please sign the consent form at the end of this application, allowing **The Digestive Disease & Nutrition Center of Westchester, LLP** to contact these references on your behalf.

Name	Job Title, Company	Telephone Number	Relationship (e.g., supervisor, co-worker)
1.			
2.			
3.			
4.			
5.			



**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

Proof of citizenship or authorization for employment in the United States is required in accordance with the Immigration Reform and Control Act of 1986.

I hereby certify that the information set forth in this employment application is true and complete. **I understand that if employed, falsification, misinformation or omissions on this application or any other document provided by me to the Digestive Disease & Nutrition Center of Westchester, LLP, may result in immediate dismissal.** You are hereby authorizing Digestive Disease & Nutrition Center of Westchester, LLP to make an investigation of any information contained in this application. I further authorize any person or entity named to release any information they may have regarding my prior employment and character.

Anyone who may furnish any information concerning my character, habits, ability, criminal convictions or reasons for leaving any employment shall not be responsible for any loss or damage that I may suffer in consequence thereof. In event that an offer of employment is made, I understand that employment is contingent upon Digestive Disease & Nutrition Center of Westchester, LLP's receipt of proof of identity and employability, favorable references from previous employers, confirmation of professional/education credentials, and successful completion of the criminal background investigation and post offer drug/alcohol screening and PPD Testing.

This application does not imply an offer of employment and is not a contract for employment. If my application is accepted, in consideration for employment, I agree to conform to the rules and regulations of the company by which I am employed. I understand that I will be an at will employee. As such I will be employed for an indefinite period of time. I also agree that my employment and compensation can be terminated at any time by either myself or the company, for any reason or no reason. I understand that any statement or promise to the contrary will be of no effect unless in writing and signed by an officer of the company.

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

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

**Drug Free Workplace Statement**

Digestive Disease & Nutrition Center of Westchester, LLP's strives to maintain a drug free workplace. The unlawful manufacture, distribution, dispensation, possession, or use of controlled substances, including cannabis, is prohibited. Any employee found in violation of the above will be subjected to corrective discipline up to and including termination of employment. Any employee convicted of a criminal drug statute violation in the workplace must notify the practice administrator and the managing physician no later than five (5) business days after such conviction. It is the policy of Digestive Disease & Nutrition Center of Westchester, LLP's to comply with all aspects of the Drug Free Work Place Act. All Employees will be expected to abide by the terms of the above statement as a condition of employment. I understand that if I am hired as a condition of employment, I will be screened for illegal drugs and alcohol should I be involved in a work related injury (other than occupational exposure i.e. needle sticks, TB exposure, etc.)

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

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



## PROFESSIONAL REFERENCES

Please list three (3) professional references, (i.e. managers, supervisors) someone who will be able to speak about what type of employee you were.

**PLEASE LIST INDIVIDUALS FROM YOUR THREE MOST RECENT EMPLOYERS.**

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Professional Relationship \_\_\_\_\_

Dates of Employment (Month/Year From \_\_\_\_\_ Month/Year To \_\_\_\_\_)

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Professional Relationship \_\_\_\_\_

Dates of Employment (Month/Year From \_\_\_\_\_ Month/Year To \_\_\_\_\_)

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Professional Relationship \_\_\_\_\_

Dates of Employment (Month/Year From \_\_\_\_\_ Month/Year To \_\_\_\_\_)

I (print your name) \_\_\_\_\_ hereby authorize persons, schools, my current employer (if applicable) and /or previous employers named in this application to provide the Digestive Disease & Nutrition Center of Westchester, LLP with any relevant information used in making an employment decision, and release all individuals, partnerships, associations, or corporations from any liability regarding the use of such information.

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