

FOR OFFICE USE ONLY

Work Location	Rate
Position	Date

**APPLICATION FOR AT-WILL EMPLOYMENT
(An Equal Opportunity Employer)**

We consider applicants for all positions without discrimination because of race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

We will give this application every consideration. However, in accepting it, ARKANSAS UROLOGY, P.A. makes no commitment of employment to the applicant. This application will remain active for sixty days, after which if you have not heard from us and still wish to be considered for employment it will be necessary to complete a new application.

WE ARE AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR THE EMPLOYEE MAY END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

BASIC INFORMATION: Please print in ink.

Position Applied For		Date of Application	
How Did you Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____	
Last Name		First Name	Middle Name
Address	Number	Street	City
		State	ZIP Code
Telephone Number(s)			

Salary requirements: _____ Date Available: _____

Have you been convicted of a crime within the past seven (7) years? Yes No

Conviction will not necessarily disqualify you from employment.

If yes, please explain:

Are you lawfully authorized to work in the United States? Yes No

Can you perform, with or without accommodation, the essential functions of the position for which you are applying?

Yes No

Can you work overtime? Yes No

EMPLOYMENT HISTORY Start with your present or most recent job. Include any job-related military service assignment, self-employment, summer and part-time jobs.

1 Company			Address			Telephone		
Date Employed	From	To	Salary	Starting	Leaving	Supervisor		
Your Duties:								
Reason for Leaving:								
2 Company			Address			Telephone		
Date Employed	From	To	Salary	Starting	Leaving	Supervisor		
Your Duties:								
Reason for Leaving:								
3 Company			Address			Telephone		
Date Employed	From	To	Salary	Starting	Leaving	Supervisor		
Your Duties:								
Reason for Leaving:								
4 Company			Address			Telephone		
Date Employed	From	To	Salary	Starting	Leaving	Supervisor		
Your Duties:								
Reason for Leaving:								

If presently employed, why do you desire to change your position?

If you are now employed, may we contact your present employer? Yes No

REFERENCES: (not relatives or former employers)

Name	Address	Phone Number

EDUCATION:

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Specify)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you did not graduate, why did you leave school or college?

Are you planning to pursue further studies? Yes No
 Day School Night School

If so, when, where and what courses?

INTERESTS: Use this space below to describe your interest in healthcare as well as skills and aptitudes that you feel qualify you for a position with Arkansas Urology, P. A. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting and the like.) If you need more space, please continue on a separate sheet.

ACKNOWLEDGEMENT

Please Read Before Signing:

The facts set forth in my application for employment are true and complete. I understand that if employed, false or misleading statements on this application may result in dismissal regardless of when discovered.

I UNDERSTAND THAT, IF ARKANSAS UROLOGY, P.A. EMPLOYS ME, EITHER ARKANSAS UROLOGY, P.A. OR I CAN TERMINATE MY EMPLOYMENT WITH OR WITHOUT CAUSE AT ANY TIME AND FOR ANY OR NO REASON.

I also understand that no official of the company other than the chief executive officer has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Signature of Applicant

Date

BACKGROUND RESEARCH RELEASE

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

I certify that all of the statements made by me on this application for employment are true, correct and complete to the best of my knowledge.

1. Consent for Pre-employment Drug Screen

As a condition of employment and in consideration for ARKANSAS UROLOGY, P.A.'s consideration of this application, I consent to a pre-employment drug/alcohol/substance abuse screen.

In addition, I give permission to ARKANSAS UROLOGY, P.A. to obtain drug/alcohol tests administered within one (1) year prior to the request for employment information.

2. Consent to Conduct Background Investigation

As a condition of employment and in consideration for ARKANSAS UROLOGY, P.A.'s consideration of this application, I give permission to ARKANSAS UROLOGY, P.A. or third-party entity investigating on behalf of ARKANSAS UROLOGY, P.A., to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to ARKANSAS UROLOGY, P.A. to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

3. Consent to Contact Past Employers

I give permission to ARKANSAS UROLOGY, P.A. to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history with ARKANSAS UROLOGY, P.A., consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of ARKANSAS UROLOGY, P.A. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

The content of the investigation will include, but not limited to the following:

- 1. Date and duration of employment**
- 2. Pay rate and wage history**
- 3. Job description and duties**
- 4. A copy of the last written performance evaluation prepared prior to the date of the request for employment information**
- 5. Attendance information**
- 6. Results of drug or alcohol tests administered within one (1) year prior to the request for employment information**
- 7. Any threats of violence, harassing acts or threatening behavior related to the workplace or directed at another employee**
- 8. Whether I was voluntarily or involuntarily separated from employment and the reasons for the separation**
- 9. Whether I am eligible for rehire**

4. Consent to Contact Government Agencies

I give permission to any agent, attorney or representative of ARKANSAS UROLOGY, P.A. to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency, law enforcement agency or investigator concerning or relating to me. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

5. Cooperation with Investigation

I agree to fully cooperate in ARKANSAS UROLOGY, P. A.’s background investigation and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local government agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

Falsification Statement

I understand that any falsification or omission of fact made in this application or in connection with any background investigation may result in rejection of this application or, if discovered after an offer of employment, in immediate dismissal.

6. Employment At Will

In consideration of my employment, I agree to conform to the rules and regulations of ARKANSAS UROLOGY, P.A. and ***MY EMPLOYMENT AND COMPENSATION IS AT WILL IN THAT THEY CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER ARKANSAS UROLOGY, P.A. OR MYSELF.***

Also, I understand that no manager or representative of ARKANSAS UROLOGY, P.A. other than the CEO/president of ARKANSAS UROLOGY, P.A. has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the CEO/president of ARKANSAS UROLOGY, P.A.

Applicant’s Signature: _____

Company Representative/Job Title

Date: _____

BACKGROUND RESEARCH RELEASE

Authorization and General Release

The undersigned _____ in connection with this application, authorizes all corporations, companies, credit agencies, educational institutions, persons, law enforcement agencies, military services and former employers to release information they may have about me to ARKANSAS UROLOGY, P.A. or its agents and releases them from any liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand that this notice will also apply to any future update reports that may be requested.

Applicant's Date of Birth _____

Applicant's Signature: _____

Representative/Job Title

Date:

REFERENCE CHECKING FORM

Dear _____

Your former employee, _____, has applied for a position with our company. By signing the authorization below, the employee consents for you to provide information related to employment with you. Arkansas law provides you with a limited immunity from civil liability for the consequences of your disclosure of the information listed below. See Ark. Code Ann. §11-3-204.

1. Date and duration of employment _____
2. Last pay rate and salary history _____
3. Please attach a job description or list job duties
_____.
4. Please provide the last written performance evaluation.
5. Please provide the employee's attendance history.
6. Did you administer any drug or alcohol tests within the year previous to the date of this request? ____ If yes, did the employee test positive for illegal drugs, prescription drugs for which the employee could not produce a prescription, or alcohol over the limit set by your company? _____.
7. Did the employee engage in any harassing acts, such as threatening violence at work or toward a co-worker? ____ If yes, please explain. _____.
8. Was the employee separated from work voluntarily or involuntarily? _____.
9. Please state the reason for separation. _____.
10. Is the employee eligible for rehire? _____ If not, why not? _____.

CONSENT

I, _____, hereby give my consent to any and all prior employers of mine to provide the above information with regard to my employment with them to ARKANSAS UROLOGY, P.A. This consent is valid for as long as my application with ARKANSAS UROLOGY, P.A. is active or for six (6) months from the date of my signature, whichever comes first.

Applicant's signature

Date

The information provided above was given by _____
[employee or agent of former employer]