



1701 Bearden Drive, Suite 200  
 Las Vegas, NV 89106  
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 website: [www.apexmedicalcenter.net](http://www.apexmedicalcenter.net)

## APPLICATION FOR EMPLOYMENT

**Please fill out this form completely. Work history information is required for completion of this application.**

**PLEASE PRINT or TYPE**

Last Name	First Name	Middle Initial	Social Security Number	Email Address
Street Address	City, State	Zip Code	Home Phone Number	Cell Phone Number or other contact number

Please list the position(s) you are applying for....


Are you legally eligible for employment in the United States? Are you 18 years of age or older? Date you are eligible to begin employment: List your minimum salary requirements: Desired Hours (Full-Time, Part-Time, etc.) Do you have any relatives employed by here? If yes, list their name:	
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How did you hear about this position?	* Enter name of Agency, Publication, Employee or other referral here.
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Have you ever been employed by this employer under this or any other name:					
If yes, Please complete the following:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name of Supervisor</td> <td style="width: 30%;">Location / Department</td> <td style="width: 20%;">Position Held</td> <td style="width: 25%;">Date</td> </tr> </table>	Name of Supervisor	Location / Department	Position Held	Date
Name of Supervisor	Location / Department	Position Held	Date		

Are you able to perform all of the essential functions of the job for which you are applying? If not, what reasonable accommodations would the company need to provide so that you can perform these functions?

Have you been convicted of any crimes in the past seven years (excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court)?

If "Yes," describe in full:

*A criminal record does not constitute an automatic bar to employment and will be considered only as it substantially relates to the job in question.*

## EMPLOYMENT RECORD

List your most recent employer first. Account for your employment over the last 5 years. You may attach additional sheets if needed

### Employment History

Please list previous jobs beginning with the most recent.

Employer (Present or most recent)	Telephone Number	Street Address, City, State, Zip		
Supervisor (Name and Title)		Position Held		
Description of Duties:			<b>Dates of Employment</b>	
			From:	To:
			<b>Salary</b>	
			Beginning	Ending
Reason for leaving:			May we contact this employer?	

Employer	Telephone Number	Street Address, City, State, Zip		
Supervisor (Name and Title)		Position Held		
Description of Duties:			<b>Dates of Employment</b>	
			From:	To:
			<b>Salary</b>	
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Employer	Telephone Number	Street Address, City, State, Zip		
Supervisor (Name and Title)		Position Held		
Description of Duties:			<b>Dates of Employment</b>	
			From:	To:
			<b>Salary</b>	
			Beginning	Ending
Reason for leaving:			May we contact this employer?	

# EDUCATION and TRAINING

## High School

Name of High School	City / State	Highest Grade Completed

## College & Vocational Training (Transcripts may be necessary)

Institute Name and Location	Attended		Major	Overall GPA	Degree Received (Y or N)	Date Received or Expected
	From (mo. / Yr.)	To (mo. / Yr.)				

## LICENSES AND CERTIFICATIONS

### Professional Licenses

Type: _____	State Issued: _____
License #: _____	Expiration Date: _____
Type: _____	State Issued: _____
License #: _____	Expiration Date: _____

### Professional Certifications

Type: _____	Year Received: _____
Type: _____	Year Received: _____

### Languages

Please list any languages other than English you are fluent in:

### Skills and Training

Please list any special training and skills you have acquired that relate to the position you have applied for on this application. Be as specific as to places of training, length of course(s), and dates:

## REFERENCES

### Professional References

List three people familiar with your professional experience who we may contact. Please exclude relatives.

Name: _____	Telephone Number: _____	Address: _____
Relationship: _____	Number of years known: _____	
Name: _____	Telephone Number: _____	Address: _____
Relationship: _____	Number of years known: _____	
Name: _____	Telephone Number: _____	Address: _____
Relationship: _____	Number of years known: _____	

**PLEASE READ CAREFULLY**

We are an Equal Opportunity Employer and does not discriminate against applicants, employees or patients on the basis of race, religion, color, sex, age, national origin, disability or other status protected under federal, state or local law.

I understand if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I have read and understand that, a pre-employment drug screen may be required of me, and that satisfactory (negative) result of the drug screen may be a condition of my employment.

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and accurate to the best of my knowledge. I have personally completed this application and any omission or misstatement on this application, or any other document used to secure employment will be grounds for rejection of this application, or for immediate discharge if I am employed - regardless of the time elapsed before discovery.

I authorize investigation into all statements and references contained into his application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigations into my credit, driving and criminal background.

I understand and agree that if I am employed, my employment will be "at-will", which means that Apex Medical Center may terminate the employment relationship at any time , with or without cause, and with or without notice. Likewise Apex Medical Center will respect my right to terminate my employment at any time, with or without cause and with or without notice.

I further understand and agree that Apex Medical Center's acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that Apex has agreed to hire me. I understand that Apex Medical Center is under no obligation to hire me a s a result of accepting this application.

This application will expire in 60 days. After that date, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

**I HAVE READ AND UNDERSTAND THE ABOVE POLICY STATEMENTS AND AGREE TO BE BOUND BY THEM IF EMPLOYED BY APEX MEDICAL CENTER.**

Signature:

\_\_\_\_\_

Applicant's signature is required for consideration

Date:

\_\_\_\_\_

***AN EQUAL OPPORTUNITY EMPLOYER***