

BIMA

Birmingham Internal
Medicine Associates, PC

EMPLOYMENT APPLICATION

BIMA is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application	
Last Name		First Name	Middle Name
Address		City	State Zip Code
Telephone Number	Alternate Number	Social Security Number (If available)	
How Did You Hear About Us? <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee (list name) _____ <input type="checkbox"/> BIMA website <input type="checkbox"/> Other _____			

Date available to work: _____

Are you legally eligible to work in the United States? YES NO
(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES NO
(If no, you may be required to provide authorization)

Have you ever applied to BIMA before? (If yes, please give date.) _____ YES NO

Have you ever worked for BIMA before? (If yes, please give date.) _____ YES NO

Have you ever been convicted of a felony? (A conviction will not necessarily disqualify you.) YES NO

If yes, please explain: _____

Do you have a valid driver's license? (For driving positions only.) YES NO

Is anyone related to you employed by BIMA? YES NO

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job? YES NO

If yes, please explain. _____

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Describe any specialized training, apprenticeships, licenses or skills.

EMPLOYMENT HISTORY Please list the last 4 employers (Begin with current or most recent employer.) Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at BIMA

Dates employed	Name and Address of Employer	Salary	Position	Reason for leaving	May we contact?
From <u>To</u>					
From <u>To</u>					
From <u>To</u>					
From <u>To</u>					

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number or email	Relationship / Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Birmingham Internal Medicine Associates, PC (hereinafter referred to as "BIMA") that such employment with is at will, for no specified duration and may be terminated by either BIMA or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of BIMA or its representatives used during the employment process is deemed a contract of employment real or implied

In consideration for employment with BIMA, if employed, I agree to conform to the rules, regulations, policies and procedures of BIMA at all times and understand that such obedience is a condition of employment. I understand that due to the nature of BIMA's business, attendance and punctuality are considered essential requirements of every job and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with BIMA, I may be required to submit to a drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employments tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I herby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to BIMA and/or any of its representatives and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

All controversies, claims, issues and other disputes arising out of or relating to my employment, or the breach thereof, (collectively referred to as the "Disputes") shall be subject to arbitration. All disputes shall be settled by arbitration in Alabama in accordance with the Commercial Arbitration Rules of the American Arbitration Association. Judgment upon any award rendered by the arbitrator in any such arbitration may be entered in any court having jurisdiction thereof. The arbitrator(s) shall have the power to grant all legal and equitable relief. Nothing contained herein shall prohibit or restrict either party's right to seek equitable relief from a court including, without limitation, injunctive relief pending the resolution of any Dispute by arbitration. The parties shall bear their respective costs in connection with the dispute resolution procedures described herein except the fees and expenses of any arbitrator(s) and the costs of any facility used in connection with such dispute resolution procedures shall be borne by the Employer.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

DO NOT WRITE BELOW THIS LINE

Hired _____

Position _____

Start Date _____

Salary _____

Approval _____

Practice Manager

Physician