



1515 Doctors Circle  
Wilmington, N.C. 28401  
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[www.hmsdocs.com](http://www.hmsdocs.com)

## APPLICATION FOR EMPLOYMENT

Hanover Medical Specialists, P.A. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sex, gender, disability or any other characteristic protected by law.

### INTRODUCTORY INFORMATION:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Last 4 digits of Social Security # \_\_\_\_\_ Best time to call \_\_\_\_\_

In case of emergency notify: \_\_\_\_\_  
Name Telephone Relationship

### APPLICANT QUESTIONS:

Positions Applied For: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

Salary desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Part Time \_\_\_\_\_ Full Time \_\_\_\_\_ List any Licenses or Registrations that you have (include numbers)

If hired, can you provide documents required to establish your eligibility to work in the U.S.?  Yes  No

Are you 16 years of age or older?  Yes  No

How were you referred to HMS? \_\_\_\_\_

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?  Yes  No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment, but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

Do you have any relatives who are employed by this practice?  Yes  No If so, who? \_\_\_\_\_

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

Have you previously worked for HMS? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, when \_\_\_\_\_ and under what name?

\_\_\_\_\_ Under what circumstances did you leave HMS? \_\_\_\_\_

**EDUCATION:**

High School or last grade completed:

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

Other Schooling or Training

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of years completed: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**MILITARY EXPERIENCE:**

Branch of Service: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank/Type of Service: \_\_\_\_\_

Special Training/Experience: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with **most recent:**

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Position Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Beginning Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**WORK-RELATED REFERENCES: (Do not include relatives)**

	Name	Occupation	Years Known	Contact Information
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**NOTE TO THE APPLICANT: PLEASE FILL OUT ALL QUESTIONS COMPLETELY. ANY AREAS LEFT BLANK OR FILLED IN WITH "SEE RESUME" WILL FORFEIT YOUR OPPORTUNITY TO HAVE YOUR APPLICATION REVIEWED BY HANOVER MEDICAL SPECIALISTS.**

**STATEMENT (Please read this statement carefully before signing this application):**

I understand that employment with Hanover Medical Specialists, P.A., (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law.

I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. **I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.**

I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

**Signature of Applicant:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_



## Disclosure And Consent Background Investigation

As part of the process of determining your eligibility for employment and, in the event you are hired or currently employed, your continued employment with Hanover Medical Specialists, P.A. ("HMS"), HMS may conduct an investigation of your background, past employment, education, criminal record, references, character, and motor vehicle record (if applicable) by obtaining a consumer report from a consumer reporting agency of its choice.

**A consumer report may be obtained on you for employment purposes, including evaluating you for employment, promotion, reassignment, or retention as an employee. The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.**

**It may be an "investigative consumer report" that includes information as to your character, general reputation, personal characteristics, and mode of living obtained through personal interviews with neighbors, friends, or associates, or with others who may have knowledge of this information. You have a right to make a written request for disclosure of the nature and scope of a report which involves personal interviews with sources such as your neighbors, friends, or associates.**

No consumer report will be used in violation of any federal or state equal employment opportunity law or regulation. If HMS intends to take any adverse action based in whole or in part on information contained in a consumer report, you will be provided with a copy of the report and a description of your rights under the Fair Credit Reporting Act.

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**I hereby authorize HMS to make an independent investigation of my background by obtaining a consumer report relating to me from a consumer reporting agency of HMS's choice. I understand and agree that the information contained in any consumer report will be used to determine my eligibility for employment and, if I am hired or currently employed, my eligibility for continued employment, and that action may be taken by HMS based on this information. To assist HMS in obtaining a consumer report, the following information is provided:**

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Full Name (printed)

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Other Names Currently or Previously Used (printed)

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Date of Birth (for identification purposes only)

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Social Security # (for identification purposes only)

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Driver's License Number

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State of License

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Applicant or Employee Signature

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Date