



Digestive Health Management, LLP

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
AN EQUAL OPPORTUNITY EMPLOYER
M/F/V/D
(PLEASE PRINT)

Date of Application(s) _____ Position (s) Applied For _____

Name _____ Telephone () - _____
Last First Middle ###-###-####

Address _____
Number Street City State Zip Code

If employed and under 18 years of age, can you furnish a work permit? Yes No

Have you filed an application with this company before? Yes No

If yes, give date: _____

Have you ever been employed with this company before? Yes No

If yes, give date: _____

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of visa or immigration status? Yes No
(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

When are you available to work? Full Time Part Time PRN Temporary

Have you been convicted of a felony? Yes No

If yes, please explain:

Job Control # _____

EDUCATION:

	Elementary	High	College/ University	Graduate/ Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study				
Specialized Training <i>Medical Software</i> <i>Microsoft Products</i> <i>Other</i>				

Honors Received: _____

State any additional information you feel may be helpful to us in considering your application.

Give name, address and telephone numbers of two references who are not related to you and are previous employers.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job.

1.	Employer:		Dates Employed	
	Address:		From:	To:
	Phone Number:		Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting:	Final:
	Work Performed:			
	Reason for Leaving:			

1.	Employer:	Dates Employed	
	Address:	From:	To:
	Phone Number:	Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting: Final:
	Work Performed:		
	Reason for Leaving:		

1.	Employer:	Dates Employed	
	Address:	From:	To:
	Phone Number:	Hourly Rate/Salary	
	Job Title:	Supervisor:	Starting: Final:
	Work Performed:		
	Reason for Leaving:		

If you need additional space, please continue on a separate sheet of paper.

Were you referred by another DHM employee? Yes No

Name of referrer: _____

This employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable law, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify a specific individual.

Gender (check one)

- Male Female I elect not to provide this information.

Race/Ethnicity (check one)

- White (Not Hispanic or Latino)
A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black (Not Hispanic or Latino)
A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino
A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- Asian (Not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)
A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands and Samoa.
- American Indian or Alaska Native (Not Hispanic or Latino)
A person having origins in any of the original peoples of North America and South America, and who maintain cultural identification through tribal affiliation or community recognition attachment.
- Two or More Races
All persons who identify with more than one of the above races.
- I elect not to provide this information.

Date

Applicant Signature

Print Applicant Name

5/2/08

Digestive Health Associates of Texas, PA
Digestive Health Management, LLP
AA/EEO Employer

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that neither this document nor any offer of employment from the employer constitutes an employment contract.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

In connection with my consideration for employment or reassignment at _____, I understand that this prospective employer or its agent, Dale Simpson & Associates, Inc., may obtain or assemble a consumer report/investigative report about me related to my character, work habits, performance, along with reasons for termination of past employment. I understand that information from public and private sources may be requested. These sources may contain records regarding my driving record, worker's compensation injuries, court records, credit credentials, education, and references. I realize that according to the Fair Credit Reporting Act (FCRA), I am entitled to know if I am being denied employment by this prospective employer because of information obtained from a consumer reporting agency. If so, I will be notified and given the information source or reporting agency's name and address. I understand that I am being given a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" prepared pursuant to 15 U.S.C. Section 1681-1681u. This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

Social Security Number _____

Date of Birth _____

Signature of Applicant

Date