



2769 HEARTLAND DRIVE SUITE 201  
CORALVILLE, IA 52241  
(319) 337-3193

Corridor OB GYN. is an EOE employer. Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability or veteran status.

Please complete all portions of the application. A resume may also be attached, but not used in lieu of the application. Thank you.

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Expected Salary for this Position: \_\_\_\_\_

Specific Skills or Training: \_\_\_\_\_

**EDUCATION**

SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. YEARS COMPLETED	DATES ATTENDED	DID YOU GRADUATE?	DEGREE OR DIPLOMA?
HIGH SCHOOL		N/A			<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS/TRADE SCHOOL					<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE					<input type="checkbox"/> YES <input type="checkbox"/> NO	

Are you legally eligible for employment in the United States?  Yes  No

Are you a U.S. Citizen?  Yes  No

Please state the names of friends and relatives working for us.

\_\_\_\_\_

### **EMPLOYMENT EXPERIENCE**

Place an "X" by the employer(s) you do not want us to contact. List your most recent employer first. If you held multiple positions with an employer, please list all positions held.

\_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Salary History: Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

\_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Salary History: Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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

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

Salary History: Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

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

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

Salary History: Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

**PROFESSIONAL REFERENCES**

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

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**PERSONAL REFERENCES**

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

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

Please be sure to sign and date this application. Thank you for your interest Corridor OB BYN

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. The above information is true and complete to the best of my knowledge. Should I be employed by Corridor OB GYN any misrepresentation or false statement contained herein may be considered cause for possible dismissal.

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, education, educational background, and/or criminal history. I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. If I become an employee, I agree to notify Corridor OB GYN of any previous criminal convictions or founded dependent abuse records and understand that depending upon the nature of the offense, my employment may be terminated. Such action would occur only after a careful consideration of all the facts. If hired, I understand it's my obligation to notify Corridor OB GYN within forty-eight hours of a criminal conviction or entry on the centralized child abuse or dependent adult abuse registry.

I understand that if employed I am not covered by an employment contract of any kind unless expressly agreed to in writing by Corridor OB GYN. Employment at Corridor OB GYN is based on the premise of employment-at-will wherein the employer or the employee is free to terminate the employment relationship for any reason or for no reason at all with or without prior notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date