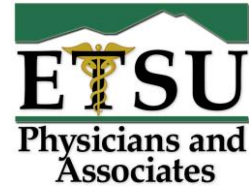


ETSU PHYSICIANS AND ASSOCIATES

APPLICATION FOR EMPLOYMENT



Return application to: ETSU Physicians and Associates
Office of Human Resources
PO Box 699
Mountain Home, TN 37684

Accommodation is available to applicants with a disabling condition when applying, testing, or interviewing for a position. Contact the Office of Human Resources to request accommodation. 423-433-6004 or 423-433-6002.

PLEASE TYPE OR PRINT IN BLACK INK

Applications must be updated every six (6) months.

Date of application: _____
Month Day Year

Position(s) for which you are applying:

1. _____
2. _____
3. _____
4. _____

How did you hear about this position?

Name _____
LAST FIRST MIDDLE

Address _____
STREET NUMBER OR ROUTE NUMBER CITY STATE AND ZIP CODE

Home phone _____ Business phone _____
AREA CODE NUMBER AREA CODE NUMBER

Cell phone _____ E-mail Address: _____
AREA CODE NUMBER

Name(s) in which other records may be found: _____

Highest grade or degree completed: (check one)

- | | |
|--|--|
| <input type="checkbox"/> 1. Doctoral | <input type="checkbox"/> 7. Less than High School (no GED) |
| <input type="checkbox"/> 2. Master's | <input type="checkbox"/> 8. 1 year college |
| <input type="checkbox"/> 3. Bachelor's | <input type="checkbox"/> 9. 2 years college |
| <input type="checkbox"/> 4. Associate Degree | <input type="checkbox"/> 10. 3 years college |
| <input type="checkbox"/> 5. High School | <input type="checkbox"/> 11. 4 years college |
| <input type="checkbox"/> 6. G.E.D. | <input type="checkbox"/> 12. MD |

State in which highest degree was earned _____ Major field of study _____

State in which last job was held _____ Years experience in major field _____

Will you accept temporary (6 mo. or less) employment? Yes No Part time? Yes No Full time? Yes No

What is the minimum salary you will accept? _____

Date of your availability for employment _____

ETSU Physicians and Associates is fully in accord with the belief that employment opportunities should be available to all eligible persons without regard to age, sex, color, race, religion, national origin, disability, veteran status, or sexual orientation.

Revised January 2010

Last Name
First Name
Middle

It is important for you to furnish a detailed statement of your work history. Use a separate block for each position. List first your present or last position and work back. Account for all periods of unemployment. Under "Description of Duties" list any supervisory or administrative responsibilities. If additional space is needed, please attach a separate sheet.

May we contact your current employer? Yes No

Your Title		Name and Title of Immediate Supervisor		Type of Business	Business Telephone	
Firm Name			Address			
Length of Employment	From mo day yr	To mo day yr	Total yrs mos	Monthly Salary: Starting: Final:	Hrs/Wk	Reason for Leaving:
Duties:				No. of Employees You Supervised _____		

WORK EXPERIENCE (Including Armed Forces Service)

Your Title		Name and Title of Immediate Supervisor		Type of Business	Business Telephone	
Firm Name			Address			
Length of Employment	From mo day yr	To mo day yr	Total yrs mos	Monthly Salary: Starting: Final:	Hrs/Wk	Reason for Leaving:
Duties:				No. of Employees You Supervised _____		

Your Title		Name and Title of Immediate Supervisor		Type of Business	Business Telephone	
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Length of Employment	From mo day yr	To mo day yr	Total yrs mos	Monthly Salary: Starting: Final:	Hrs/Wk	Reason for Leaving:
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Your Title		Name and Title of Immediate Supervisor		Type of Business	Business Telephone	
Firm Name			Address			
Length of Employment	From mo day yr	To mo day yr	Total yrs mos	Monthly Salary: Starting: Final:	Hrs/Wk	Reason for Leaving:
Duties:				No. of Employees You Supervised _____		

Explanation of Gaps in Employment:

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	School, City and State	Dates Attended from	to	Did you Graduate?	Degree Received	Major/Minor Fields of Study
G.E.D. Certificate						
High School						
College						
Graduate						
Postgraduate						
Postgraduate						
Business/Trade School						

List additional trainings _____

List below the products you have used for word processing, spreadsheets, and Windows operating systems: _____

Are you licensed to practice any profession? Yes No If yes, list below.

Profession	License Number	By	Date

If hired, can you furnish proof that you are eligible to work in the United States? Yes No

Have you been convicted of violating any law (other than traffic violations)? Yes No

If yes, explain. _____

Do you have a valid driver license? Yes No State: _____ Number: _____ Expiration: _____

If hired, can you furnish proof that you are 18 years of age, or if under 18, do you have a permit to work? Yes No

If no, please explain _____

Have you been employed here before? Yes No

If yes, indicate date, department and name of supervisor _____

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Give at least three references other than relatives or supervisors listed above.

Name	Present address	Telephone	Known how long?

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I hereby authorize my current and former employers to release any information contained in my personnel file or otherwise known by them to Medical Education Assistance Corporation, dba ETSU Physicians and Associates in connection with my application for employment. I specifically release from liability any current or former employer, and their agents, representatives, employees, officers or directors, with regard to any information that they may provide to Medical Education Assistance Corporation.

I also authorize that a criminal background and/or records check be performed, and release from any and all liability and individual or entity involved in conducting such check(s), including, but not limited to, law enforcement agencies and any agent, representative, employee, officers, or director of such entity or agency. I authorize the release of records maintained by any agency pertaining to my criminal record, and hereby waive any right, which I might have to maintain the confidentiality of same.

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I understand that if I am hired, my employment is terminable-at-will, that I will not be employed for any specific time, and that this application is not intended to be, a contract for continued employment. I further understand that my status as an employee-at-will can only be altered, if I am hired, in writing signed by the Executive Director and Director of Human Resources of Medical Education Assistance Corporation. I understand that acceptance of an offer of employment by me does not create a contractual obligation upon Medical Education Assistance Corporation to continue to employ me in the future.

I understand, in the event of employment, that I am required to abide by all rules and regulations of Medical Education Assistance Corporation. I understand and agree that at no time will any information regarding patients be revealed to anyone other than those authorized to receive it. I understand that the giving of information to those not authorized to receive such information is unlawful and shall be sufficient cause for my immediate dismissal.

I understand that any job offer made to me may be contingent upon the successful completion of a physical examination and abilities assessment, a drug test, background checks, and/or the satisfaction of any applicable state or federal employment requirements. I voluntarily agree to submit to a blood and/or urine analysis by a doctor, medical facility, hospital, laboratory, provider of clinical laboratory services, or medical personnel, prior to employment or at any time subsequent to employment, upon request, for detection of the presence of drugs in my system. Furthermore, I authorize the release of the results of such tests and examinations to Medical Education Assistance Corporation or any of their representatives, from any and all liability arising from the test itself or the release or use of the information derived from or contained in any examination and test results, or test results obtained during my period of employment, if hired. I hereby certify that I am able to provide a urine specimen for testing purposes.

I authorize investigation of all matters contained in my professional resume and all information I have provided to MEAC, including authority to request any educational transcripts and licensing and credentialing information and agree that if, in the judgment of MEAC, any misrepresentation has been made by me or my resume or any other document provided to MEAC or in a subsequently provided or executed document or questionnaire, or the results of such investigations are not satisfactory, any offer of employment made by MEAC may be withdrawn, or my employment may be terminated immediately, without any obligation or liability to me whatsoever other than for payment at the rate agreed upon for services rendered.

If I am hired, I hereby authorize Medical Education Assistance Corporation's officials to examine my personal effects (such as purse, briefcase, etc.), automobile, and other property and further acknowledge that I have no right to or expectation of privacy in the workplace.

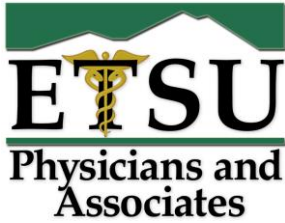
I hereby affirm that the information provided on this application is true, correct, and complete, and understand that such information will be relied upon in considering my application for employment. I understand that any erroneous information or omission made by me on this application, or in any supplement to it, or on any other record maintained by Medical Education Assistance Corporation is justification for not employing me, or for my dismissal at a later date.

I certify that the information I have given is complete, true, and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application. I consent to references and former employers being contacted regarding this application. I understand that any misrepresentation of information by me may cancel this application or be cause for my termination in the event I am employed by the ETSU Physicians and Associates.

SIGNATURE

DATE

UNSIGNED APPLICATIONS WILL NOT BE CONSIDERED



Consent Statement for Background Investigation

I understand that in considering my application for employment, ETSU Physicians and Associates may conduct a comprehensive investigation of my qualifications. I understand this investigation may include, but is not limited to, a criminal background check, references from my past employers, and other sources that ETSU Physicians and Associates deems appropriate.

I consent to a comprehensive investigation that ETSU Physicians and Associates may conduct and I release ETSU Physicians and Associates and any supplier of information about me from any and all liability of any kind whatsoever related to providing or obtaining information about me, and I agree not to sue ETSU Physicians and Associates or any supplier of information for its actions or omissions related to my application for employment with ETSU Physicians and Associates.

I authorize investigation of all matters contained in my professional resume and all information I have provided to MEAC, including authority to request any educational transcripts and licensing and credentialing information. I also agree that if, in the judgment of MEAC, any misrepresentation has been made by me or my resume or any other document provided to MEAC or in a subsequently provided or executed document or questionnaire, or the results of such investigations are not satisfactory, any offer of employment made by MEAC may be withdrawn, or my employment may be terminated immediately, without any obligation or liability to me whatsoever other than for payment at the rate agreed upon for services rendered. I include below identification of any other name under which any records may be found.

Signature of Applicant

Date

Other Name(s) which records may be found

