

Application for Employment

Texas Neurology, P.A. is an Equal Opportunity organization and EEO/Affirmative Action Employer committed to excellence thru diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete both sides of the application. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For:	Name (LAST, first, middle)		Other names under which you have attended school or been employed:	
Street Address		City, State & ZIP		
Social Security Number	Home Phone	Work Phone	Other Phone	

Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
Are you currently employed at Texas Neurology?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?
Have you ever been employed by Texas Neurology?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Are you related to any current Texas Neurology employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
How did you learn about this employment opportunity at Texas Neurology? Check all that apply: <input type="checkbox"/> Ad in Dallas Morning News		
<input type="checkbox"/> Walk-in <input type="checkbox"/> TNPA Website <input type="checkbox"/> TWC Office <input type="checkbox"/> Ad in other publications <input type="checkbox"/> Referral by a TNPA employee <input type="checkbox"/> Internet Posting <input type="checkbox"/> Other:		

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School e.g., Vocational		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College		<input type="checkbox"/> Yes <input type="checkbox"/> No				

Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

OVER →

For Human Resources Use Only:	ELIGIBILITY: <input type="checkbox"/> Yes <input type="checkbox"/> No	Checked by:	Date:
	TYPING <input type="checkbox"/> Yes <input type="checkbox"/> No	WPM:	By: Date:

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. PLEASE DO NOT complete this information with the notation "See Resume."
 PLEASE NOTE: Texas Neurology reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: _____ / _____ to _____ / _____ mo yr mo yr	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving	

Dates Employed From: _____ / _____ to _____ / _____ mo yr mo yr	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #	Contact these references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving:	

Dates Employed From: _____ / _____ to _____ / _____ mo yr mo yr	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone Number:	Other Reference Name, Title and Phone Number:	Contact these references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:	Reason for Leaving	

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Texas Neurology, P.A. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that Texas Neurology, P.A. is an employer at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States and must comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time with prior notice.

APPLICANT SIGNATURE _____
APP FORM

DATE _____

Waleed H. El-Feky, M.D.
C. Fish Greenfield, M.D.
Daragh Heitzman, M.D.
Steven P. Herzog, M.D.
N. Bruce Jenevein, M.D.

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Alan W. Martin, M.D.
Maria Philip, M.D.
Gincy Samuel, M.D.
Gary L. Tunell, M.D.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize any investigator or duly accredited representative of Texas Neurology, bearing this release, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest and conviction records. I hereby direct you to release such information upon request by the bearer. I understand that the information released is for official use by Texas Neurology and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Applicant's Signature

Applicant's Printed Name

Social Security Number

Applicant's Date of Birth

Previous names used

Date Signed by Applicant

TEXAS NEUROLOGY

PROFESSIONAL REFERENCES

Please list at least 3-5 references below (other than friends and relatives), including at least 2 supervisors, who can speak to your professional work experience.

Reference #1

Name: _____

Relationship/Job Title: _____

Phone: _____

Email (If known): _____

Reference #2

Name: _____

Relationship/Job Title: _____

Phone: _____

Email (If known): _____

Reference #3

Name: _____

Relationship/Job Title: _____

Phone: _____

Email (If known): _____

Reference #4

Name: _____

Relationship/Job Title: _____

Phone: _____

Email (If known): _____

Reference #5

Name: _____

Relationship/Job Title: _____

Phone: _____

Email (If known): _____