



Southern Gastroenterology Specialists, PC
4865 Bill Gardner Parkway, Locust Grove, GA 30248
Phone (770)692-0100 Fax (844)-272-1681
EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Last Name _____ First Name _____ M.I. _____ Date _____
 Street Address _____ Apartment/Unit # _____
 City _____ State _____ ZIP _____
 Daytime Phone _____ Email _____
 Date Available _____ Part time? YES NO Full time? YES NO
 Position Applied for _____ Desired Salary _____
 Have you ever been convicted of a felony? YES NO
 Have you ever worked for this company? YES NO
 How did you learn about this opportunity? _____
 List name and relationship of relative(s) employed by this company. _____

EDUCATION

High School _____ Address (city/state) _____
 From _____ To _____ Did you graduate? YES NO GED
 College _____ Address (city/state) _____
 From _____ To _____ Did you graduate? YES NO
 Degree _____
 Post-Graduate / Professional School _____ Address (city/state) _____
 From _____ To _____ Did you graduate? YES NO
 Degree _____

LICENSURE/CERTIFICATION

Please list all licenses and certifications you hold, including expiration date: _____

SKILLS

Front Office YES NO Medical Coding YES NO Medical Records Filing YES NO
 Back Office YES NO Computer YES NO Foreign Language YES NO Language? _____

Please use the space below to add any information that may be helpful in describing your qualifications for the position you seek.

PROFESSIONAL ORGANZATIONS

Please list memberships or affiliations with professional organizations or associations, and any honors received:

MILITARY SERVICE

Branch _____ From _____ To _____
 Rank at Discharge _____ Type of Discharge _____
 If other than honorable, please explain: _____

PREVIOUS EMPLOYMENT

Please list your work experience for the past five years beginning with your most recent position. Please attach any additional information.

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____
Position Description _____
Dates of Employment: From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____
Position Description _____
Dates of Employment: From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____
Position Description _____
Dates of Employment: From _____ To _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? YES NO

REFERENCES

Please list three professional references that have knowledge of your work experience. Please do not list relatives or friends.

Full Name _____ Relationship _____
Company _____ Phone _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone _____
Address _____

Full Name _____ Relationship _____
Company _____ Phone _____
Address _____

AUTHORIZATION

I certify that my answers are true and complete to the best of my knowledge. I authorize any agent or employee of Southern Gastroenterology Specialists, PC to verify this information and to release it to anyone who may consider me for employment. I understand that intentionally providing false information on this form is a violation of state law. I also understand that applications are not valid unless I enter my name in the signature field below. If this application leads to employment, I understand that false, misleading information or omissions on my application or interview, may result in my termination. Employment shall be contingent upon furnishing evidence of identity and employment eligibility. No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion or creed.

Signature _____ Date _____