

Brownsville Obstetrics & Gynecology Assoc., PLLC

800 W. Jefferson Street, Suite 210 Brownsville, Tx., 78520 Ph: (956) 550-8733 Fx: (956) 550-9299

Employment Application

An equal opportunity and affirmative action employer

Personal Information

Last Name	First Name	Middle Initial	Date
Other names by which you have been known (for date verificatio	n and reference checking purposes)	Social Security N	lumber
Home Phone Business Phone	E-mail Address		
	ı	1	ı
Permanent Address	City	State	ZIP Code
Previous Address (If at current address less than 5years) If you are not a citizen of the United States, are you eligible to we the legal right to work upon hire? Yes No	ork in the U.S. and would you be able to provide the I	necessary documents of proof of	Driver's License Number/State
Are you under 18? Yes No If you are under 18 and	still in high school,you may be required to provide a	work permit upon hire.	
Instructions for answering the following question regarding yo	ur criminal record history:		
A. All applicants: Do not respond "yes" concerning the f diversion program; marijuana-related convictions me eradicated; convictions that occurred more than ten and the case has been judicially dismissed; and first c peace or misdemeanor convictions where five (5) or whichever is later. Have you ever been convicted of a crime? Yes No	ore than two years old; convictions for which the reco (10) years ago; misdemeanor convictions for which p convictions for misdemeanors of drunkenness, simple	ord has been judicially ordered sea probation has been successfully co e assault, speeding, minor traffic v	aled, expunged, or statutorily empleted or otherwise discharged iolations, or disturbances of the
If YES,what was (were) the offense(s)?			
Date(s) and place(s) of conviction A CONVICTION RECORD WILL N	NOT NECESSARILY BE A BAR TO Employment. Factors such as age a	t the time of the offense type of offense an	nd relevance to the job for which you are apply
	offense, and rehabilitation will be taken into account.	t the time of the offense, type of offense th	a recevance to the job to. Timen you are apply.
How did you hear about this career opportunity? Logagyn Self	.com website Other website (specify below) Adobe Recruiter (specify below)	Advertisement (specify public Employee Referral (specify be	
No. of Def			
Name of Refe			db
Have you ever been employed by or contracted with BOGA?	Yes No	If so,when?	through
What position did you hold?		Manager	
Employment Interest			
Position Desired	Salary Desired	ι	Date Available
Have you interviewed for another position at BOGA? Yes	No If so,when?		
Education and Training			
Indicate last level completed: High School	College or University	Graduate School	
Name of High School, Technical School, and College	City,State Majo	r Degree	Month/Year of Degree
	+		
	+		
Additional education, vocational, professional, military, or other information	you feel may be helpful to us in considering your application	<u> </u>	

Employment History					
Please list most recent employer first.					
Company Name	Street A	ddress			
City	 State	 	May we	contact emp	Yes No
City	State	ZIP Code	May we	contact emp	lloyer?
Starting Job Title		Final Job	Title	1	
Supervisor's Name and Title				Pl	none
Reason for Leaving					
Job Duties			Dates of Employment		
				(mo/yr)	To (mo/yr)
			Starting Rate of Pay (\$)		Ending Rate of Pay (\$)
Company Name	Street A	ddress			
Cibe	State	 ZIP Code	Mayuus	contact emp	Yes No
City	State	ZIP Code	iviay we	· contact emp	noyer:
Starting Job Title		Final Job	Title		
Supervisor's Name and Title				Pł	none
Reason for Leaving					
Job Duties			Dates of Employment		1
				(mo/yr)	To (mo/yr)
			Starting Rate of Pay (\$)		Ending Rate of Pay (\$)
1					
Company Name	Street A	ddress			Yes No
City	State	ZIP Code	May we	contact emp	
Starting Job Title		Final Job	Litle	1	
Supervisor's Name and Title				Pl	none
Reason for Leaving					
Job Duties			Dates of Employment		
				(mo/yr)	To (mo/yr)
			Starting Rate of Pay (\$)		Ending Rate of Pay (\$)
Business Reference Data					
Please list at least one present or former mana	ger.				
Name	Email Ac	ddress	Pho	ne	Business Relationship
1					
2					
3					
Read Carefully & Sign:		-flll	d d d d - t		
I certify that the information contained in this the hiring process or dismissal. I authorize ver	ification of information provided	on this application; a	nd authorize the references and er	mployers liste	ed above to give you all pertinent
information concerning my previous employn employment, I agree to conform to the rules a	nd regulations of BOGA, PLLC. I fo	urther agree that eith	ner I or BOGA may terminate my er	mployment w	vith or without cause with or without
prior notice, at any time. Finally, I understand otherwise alter the foregoing.	that no representative of BOGA h	nas the the authority	to enter into any agreement for em	nployment fo	r any specified period or time, or to
Cignatura			Ditt		
Signature			Date		

Brownsville Obstetrics & Gynecology Associates, PLLC

Application Acknowledgement & Agreement

Equal Employment Opportunity Information

BOGA is an Equal Employment Opportunity employer. We conduct all employment-related activities without regard to race, color, sex, religion, age, national origin, disability, veteran status, sexual orientation or any other classification protected by applicable State or Federal employment discrimination laws. Brownsville Obstetrics & Gynecology Associates, PLLC (hereinafter referred to as BOGA) welcomes diversity in the work place. For more info about BOGA, check out http://www.bogagyn.com

Applicant Acknowledgement and Agreement

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that any misstatement or omission of information is grounds for ending the hiring process or dismissal. I authorize verification of information provided on this application; and authorize the references and employers listed above to give you all pertinent information concerning my previous employment and release all parties from all liability for any damage that may result from furnishing same to BOGA. In consideration of my employment, I agree to conform to the rules and regulations of BOGA, PLLC. I further agree that either I or BOGA may terminate my employment with or without cause with or without prior notice, at any time. Finally, I understand that no representative of BOGA has the the authority to enter into any agreement for employment for any specified period or time, or to otherwise alter the foregoing.

I understand that BOGA has adapted a Drug Free & Safe workplace environment. I understand that offers of employment are contingent upon consenting to and producing a negative and valid pre-employment drug screen in accordance to the policies and procedures of BOGA. It is further understood that continued employment may be contingent upon additional drug screens and background checks that do not adversely affect my continued employment.

This authorization and consent for release of personal information acknowledges that the Practice (BOGA) and its agent may now, or at any time I am employed by the Practice (BOGA), conduct investigations, whether the records are of public, private, or confidential nature.

I hereby certify that the information contained in this application form is true, correct and complete. I understand that if the information proves to be incorrect or incomplete, grounds for the canceling of any and all offers of employment will exist and may be used at the discretion of the Practice (BOGA). I understand that investigative inquiries on my background, in accordance with the Fair Credit Reporting Act and all state and federal laws, will be made on me, including information as to my personal character, abilities, work habits, mode of living, residency, general reputation, performance, experience, and other qualities pertinent to my qualifications for employment, including reasons for termination of past employment.

I understand that my prospective employer may make inquiries including, but not limited to, my consumer credit history, education, professional licensing, and criminal history and driving history. Furthermore, I understand that my prospective employer and the Practice (BOGA) may request information from various federal, state and other agencies that maintain records concerning my past driving history, credit history, criminal history, military history, and civil and other experiences.

I understand that according to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of the information obtained by my prospective employer from a Consumer Reporting Agency. Upon written request, I will be informed whether an investigative consumer report was requested and will be given full information as to the nature and the scope of the investigation, as well as the name of the reporting agency or sources of information.

I authorize, without reservation, any party (including, but not limited to, employers, law enforcement agencies, state institutions, and private information bureaus or repositories) contacted by the prospective employers from any and all liability for damages arising from the investigation and disclosure of the requested information. I further release and discharge all liability from all companies, agencies, officials, officers, employees, and other persons who, in good faith, provide to the prospective employer the above-mentioned information as requested, in order to successfully complete a background investigation for my application of employment. I will allow a photocopy of this authorization to be valid as the original.

I hereby authorize and acknowledge that the Practice (BOGA) may obtain investigative consumer reports and a Cumulative Sanction Report from the Office of Inspector General about me from any reporting agency or federal reporting agency and may consider information in consumer reports and investigative consumer reports when making decisions regarding any aspect of my application for employment and/or continued employment with the company including periodic re-screening of current employees.

Printed Name:	Date:
Signature:	_

Brownsville Obstetrics & Gynecology Associates, PLLC

DISCLOSURE AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from the reporting agency.

In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs, expenses, or any other charge or complaint filed with any agency arising from retrieving and reporting this information.

DATED:	(Applicant Signature)
	(Print Name)
□Yes, I wish to receive a copy	of any consumer credit report requested about me by Company