



Metropolitan Pain Management Consultants, Inc.
A Medical Group

New-EMPLOYMENT APPLICATION

MPMC is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Application Information

PRINT ALL RESPONSES IN THIS APPLICATION. COMPLETE ALL SECTIONS AND DO NOT REFER TO YOUR RESUME. IF A SECTION OR QUESTION IS NOT APPLICABLE INDICATE SO WITH N/A

Name: _____

Address Street City State Zip Code

Telephone: () _____ Message: () _____

Do you have a valid driver's license? yes no

State of Issue: _____ License Number: _____

Have you ever applied to, or worked for MPMC? yes no

If yes, when? _____

Do you have any friends or relatives working for MPMC? yes no

If yes, state name and relationship(s): _____

How did you hear about MPMC/this opening: _____

State briefly why you would like to work for MPMC:

Are you over eighteen years of age? yes no

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)?

yes no

(NOTE: No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If yes, explain on supplement sheet

Are you able to produce valid identification and proof of legal residence? yes no

Are you able to perform the essential functions of the job with or without reasonable accommodations?

yes no

If no, what type of accommodation would enable you to perform the job?



General Information about Employment Desired at MPMC

Position you are applying for? _____

Full-time

Part-time

If part-time, hours per week desired: _____

Are you available for work on weekends? yes no

Are you available to work holidays? yes no

Days of week you are available to work: _____

Hours you are available to work: _____

Are you available to be on-call? yes no

Are you available to work evenings and nights? yes no

Are you available to work overtime? yes no

If hired, on what date could you start work? _____

Are you able to travel on/for company business? yes no

% time willing to travel: _____

Hourly rate of pay or monthly salary desired:

Hourly: \$ _____

Salary: \$ _____

Education and Training (Including on-the-job training)

	School City , State	Course of Study	Dates Attended
High School			From: To:
Community College			From: To:
College University			From: To:
College University			From: To:
Graduate School			From: To:
Trade School			From: To:
Other			From: To:
Other			From: To:

Special Skills

Do you speak, write or understand any foreign languages? yes no
 If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at MPMC? yes no

If so, explain in detail: _____

License / Certification	State of Issue	License Number	Date Issued	Date of Expiration

Computer Skills

Hardware:	<u>Name of location used</u>	<u>Level of Proficiency</u>
Software:	<u>Where Used</u>	<u>Level of Proficiency</u>
Medical Billing Software:	<u>Where Used</u>	<u>Level of Proficiency</u>

Other relevant experience, skills and background:

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Please Read and Initial Each Paragraph Below

If there is any part of this page you do not understand, please ask the interviewer about it before signing.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ **(Initial)**

I hereby authorize MPMC to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to MPMC any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release MPMC, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ **(Initial)**

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

_____ **(Initial)**

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that MPMC may conduct alcohol or drug screening at its sole discretion with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

_____ **(Initial)**

I understand that nothing contained in the application or conveyed to me during any interview which may be granted, is intended to create an employment contract, implied or explicit, between me and MPMC. In addition, I understand and agree that if I am employed; my employment relationship with MPMC is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or MPMC, and that no promises or representations contrary to the foregoing are binding on MPMC unless made in writing and signed jointly by the President/CEO and myself.

_____ **(Initial)**

Furthermore, if employed, I agree that any dispute arising out of my voluntary or involuntary termination of employment relationship shall be resolved pursuant to mandatory binding arbitration at the written request of either MPMC or myself. This agreement provides that such arbitration shall comply with and be governed by the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act and that any arbitration award arising from such dispute shall be limited to back pay.

_____ **(Initial)**



I further understand and voluntarily agree that this alternative dispute resolution program shall also cover claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By initialing, I elect to give up the benefits of arbitrating such Title VII claims only.

_____ (Initial)

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or MPMC benefits, policies and procedures will not alter the at-will and arbitration agreements.

_____ (Initial)

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ (Initial)

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California State Driver's License and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by MPMC auto insurance, if required for my position.

_____ (Initial)

My signature below certifies that I have read and understand these complete pages, and agree to the terms and conditions outlined in this document.

Applicant Signature:

Date:



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Supplemental Sheet for Employment Application

Name: _____ Date: _____

A large rectangular area containing 20 horizontal lines for writing, intended for providing supplemental information for the employment application.