



**FAITH FAMILY
MEDICAL CENTER**

326 21st Avenue North, Nashville, TN 37203

615-341-0808/www.faithfamilymedical.org

Job Application

Faith Family Medical Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Please fill out the sections below:

Date: _____

Applicant Information

Applicant Name:

Address:

City/State/Zip Code:

Telephone Number:

Email Address:

Date of Application:

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

On what date can you start working if you are hired? _____

Personal Information

Are you a U.S citizen or approved to work in the United States? ___Yes ___ No

What document can you provide as proof of citizenship or legal status?

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:_____

(Note: Faith Family Medical Center complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

| Name | Location(city/state) | Year Graduated | Degree Earned |
|------|----------------------|----------------|---------------|
| | | | |

College/University

| Name | Location(city/state) | Year Graduated | Degree Earned |
|------|----------------------|----------------|---------------|
| | | | |

Vocational School/Specialized Training

| Name | Location(city/state) | Year Graduated | Degree Earned |
|------|----------------------|----------------|---------------|
| | | | |

Previous Employment

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City/State/Zip Code: _____

Employer Phone Number: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City/State/Zip Code: _____

Employer Phone Number: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City/State/Zip Code: _____

Employer Phone Number: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City/State/Zip Code: _____

Employer Phone Number: _____

Dates Employed: _____

Reason for leaving: _____

Personal and Professional References: Include Phone Number or contact information:

1. _____

2. _____

3. _____

AT WILL EMPLOYMENT

The relationship between you and Faith Family Medical Center is referred to as “employment at will. “This means that your employment can be terminated at any time for any reason with or without cause, with or without notice, by our or Faith Family Medical Center. No representative of Faith Family Medical Center has authority to enter into any agreement contrary to the foregoing “employment at will” relationship.

Applicant Signature: _____

Dated: _____