



# APPLICATION FOR EMPLOYMENT

We are pleased that you are seeking employment with SAGA. All applicants are considered without regard to race, color, religion, sex, age, national origin or any factors prohibited by local, state or federal laws. The information you provide will be considered confidential. We are an Equal Opportunity Employer.

DATE: \_\_\_/\_\_\_/\_\_\_ SAN ANTONIO GASTROENTEROLOGY ASSOCIATES, P.A., 520 E. Euclid, San Antonio, TX 78212

## PERSONAL INFORMATION

NAME \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street  
City State Zip

HOME TELEPHONE \_\_\_\_\_ MOBILE TELEPHONE \_\_\_\_\_ BUSINESS TELEPHONE \_\_\_\_\_

Have you ever been employed under another name?  Yes  No If Yes, name \_\_\_\_\_  
Have you ever been employed at SAGA?  Yes  No If Yes, date \_\_\_\_\_  
Have you ever applied for employment at SAGA?  Yes  No If Yes, date \_\_\_\_\_  
Are you related to anyone presently employed by SAGA?  Yes  No If Yes, name(s) \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE AVAILABLE \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

Which are you interested in?  Full Time  Part Time  Temporary  Summer  Co-op

How were you referred to SAGA?  Online Posting \_\_\_\_\_  Agency \_\_\_\_\_  
 School \_\_\_\_\_  Employee Referral \_\_\_\_\_  Other \_\_\_\_\_

If you are under 18 years of age, are you able to furnish a work permit after employment?  Yes  No

If hired, can you provide proof of your identity and your legal authorization to work in the United States at the present time?  Yes  No

Are you able to perform the essential functions of the job with or without reasonable accommodation?  Yes  No

If you can perform the essential functions of the job with an accommodation, explain how and with what accommodation(s):  
\_\_\_\_\_  
\_\_\_\_\_

## WORK EXPERIENCE

List all of your work experience including military, beginning with your present or last position. Attach an additional sheet if necessary.

May we contact your present employer as a reference and to verify current employment?  Yes  No

EMPLOYER NAME AND ADDRESS \_\_\_\_\_

\_\_\_\_\_

Dates – From \_\_\_\_\_ To \_\_\_\_\_

Last Salary \_\_\_\_\_ Other Compensation \_\_\_\_\_

Your Position, Title and Duties \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

EMPLOYER NAME AND ADDRESS \_\_\_\_\_

\_\_\_\_\_

Dates – From \_\_\_\_\_ To \_\_\_\_\_

Last Salary \_\_\_\_\_ Other Compensation \_\_\_\_\_

Your Position, Title and Duties \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

EMPLOYER NAME AND ADDRESS \_\_\_\_\_

\_\_\_\_\_

Dates – From \_\_\_\_\_ To \_\_\_\_\_

Last Salary \_\_\_\_\_ Other Compensation \_\_\_\_\_

Your Position, Title and Duties \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Have you ever been fired from a job? If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION/TRAINING

List below attendance at all colleges, trade and military service schools, beginning with the most recent.  
If not applicable, list last high school attended. Do not provide dates attended for high school.

SCHOOL NAME \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended – From \_\_\_\_\_ To \_\_\_\_\_

Did you graduate?  Yes  No Graduation Date \_\_\_\_\_ Course of Study \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended – From \_\_\_\_\_ To \_\_\_\_\_

Did you graduate?  Yes  No Graduation Date \_\_\_\_\_ Course of Study \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ Location \_\_\_\_\_

Dates Attended – From \_\_\_\_\_ To \_\_\_\_\_

Did you graduate?  Yes  No Graduation Date \_\_\_\_\_ Course of Study \_\_\_\_\_

HIGH SCHOOL ATTENDED \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate?  Yes  No

Please include any other information you may think would be helpful to us in considering you for employment such as additional skills, activities, accomplishments, publications, certifications, patents, or theses, etc. \_\_\_\_\_

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## REFERENCES

Name three individuals we may contact who have knowledge of your performance and work experiences – supervisors, co-workers, instructors.

	NAME	TITLE	COMPANY	PHONE NUMBER	RELATIONSHIP
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Have you ever been convicted of, pled guilty to, or received deferred adjudication for a crime other than a traffic violation?  Yes  No

If Yes, give details. (Information will not necessarily disqualify you from employment.) \_\_\_\_\_

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## CERTIFICATION

THIS APPLICATION IS NOT COMPLETE UNTIL THE FOLLOWING STATEMENT HAS BEEN READ AND SIGNED.

Have you entered into any employment, confidentiality, and/or non-disclosure agreements with any of the above employers or any other individual or entity?  Yes  No If Yes, you will need to provide SAGA with a copy to review prior to any offer of employment.

I certify that all of the information on this application form, my resume, and/or any supplementary materials, is true, complete and correct to the best of my knowledge. I understand and agree that falsification or omission of any information on this application may be justification for refusal of employment or grounds for termination of employment.

I authorize SAGA to investigate the accuracy of this information from any person or organization, and in consideration of the receipt of this application by SAGA, I hereby release SAGA and all persons and organizations from all claims and liability of any nature arising from such investigation or the supplying of information as part of such process. Such information can include verification information from my past employers, educational institutions, references, public or private agencies that have issued professional certification or license and any criminal records.

I understand that this employment application is not a contract of employment and cannot create a contract. In the event that I am offered a position, I understand that employment with SAGA is "at will" and may be terminated by me or the company at any time by either party, with or without cause and with or without advance notice. Further, if employed by SAGA, I agree to abide by its policies, rules and regulations.

I have read the application and the above paragraphs carefully and completely and fully understand it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SUPPLEMENTAL DATA SHEET

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

DATE \_\_\_\_\_ POSITION YOU ARE APPLYING FOR \_\_\_\_\_

Periodic reports are made to the government on the following. Your submission of the information is voluntary. This portion of the employment application will not become a part of your Applicant file. Inclusion or exclusion of requested data will not affect the hiring decision.

DATE OF BIRTH \_\_\_\_\_  Male  Female

Designate whether the following applies to you:

- DISABLED VETERAN**  
Entitled to disability compensation under the laws administered by the Veteran's Administration for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.
- PHYSICALLY OR MENTALLY DISABLED**  
(1) A physical or mental impairment that substantially limits one or more of a persons major life activities, (2) have a record of such impairment, or (3) are regarded as having such an impairment.
- VETERAN OF THE VIETNAM ERA**  
(1) (a) Served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975, and (2) who was so discharged or released within 48 months preceding the alleged violation of the Act, the affirmative action clause, and/or regulations issued pursuant of the Act.

Designate your race/ethnic group:

- AMERICAN INDIAN OR ALASKAN NATIVE**  
Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- ASIAN OR PACIFIC ISLANDER**  
Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippines, and Samoa.
- AFRICAN AMERICAN**  
Persons having origins in any of the Black racial groups of Africa.
- HISPANIC OR LATINO**  
Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture origin, regardless of race.
- CAUCASIAN**  
Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.