

# JOB APPLICATION

**UROLOGY PARTNERS, LLC**  
18099 Lorain Avenue, Suite 141  
Cleveland, OH 44111  
216-941-0333

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**UROLOGY PARTNERS, LLC** 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. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

**PLEASE FILL OUT ALL OF THE SECTIONS BELOW:**

*Applicant Information:*

**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Application:** \_\_\_\_\_

*Employment Position:*

**Position(s) applying for:** \_\_\_\_\_ **(full time)**

**How did you hear about this position?** \_\_\_\_\_

**If needed, are you available to work overtime?** \_\_\_\_\_

**On what date can you start working if you are hired?** \_\_\_\_\_

**Do you have reliable transportation to and from work and able to commute between offices in a reasonable time?** \_\_\_\_\_

**Salary desired:** \_\_\_\_\_

## **JOB APPLICATION**

*Personal Information:*

Have you ever applied to or worked for UROLOGY PARTNERS, LLC before?    Yes    No

If yes, when? \_\_\_\_\_

Do you have any friends, relatives, or acquaintances working for UROLOGY PARTNERS, LLC?    Yes    No

If yes, state name & relationship: \_\_\_\_\_

Are you 18 years of age or older?    Yes    No

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? \_\_\_\_\_

\_\_\_\_\_

Will you consent to a mandatory controlled substance test?    Yes    No

Have you ever been convicted of a criminal offense (felony or misdemeanor)?    Yes    No

If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

*Job Skills/Qualifications:*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## 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

Do you speak, write or understand any foreign language?      Yes      No  
If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be \_\_\_\_\_

(Note: UROLOGY PARTNERS, LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

### MILITARY:

Are you a member of the Armed Services? \_\_\_\_\_

What branch of the military did you enlist? \_\_\_\_\_

What was your military rank when discharged? \_\_\_\_\_

How many years did you serve in the military? \_\_\_\_\_

What military skills do you possess that would be an asset for this position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# JOB APPLICATION

## *Previous Employment:*

*Employer Name:* \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Employer Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates Employed (Month/Year to Month/Year):** \_\_\_\_\_

**Salary:** \_\_\_\_\_ **Permission to contact employer:**    **Yes**    **No**

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

*Employer Name:* \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Employer Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates Employed (Month/Year to Month/Year):** \_\_\_\_\_

**Salary:** \_\_\_\_\_ **Permission to contact employer:**    **Yes**    **No**

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

*Employer Name:* \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_

**Employer Address:** \_\_\_\_\_

**City, State and Zip Code:** \_\_\_\_\_

**Employer Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Dates Employed (Month/Year to Month/Year):** \_\_\_\_\_

**Salary:** \_\_\_\_\_ **Permission to contact employer:**    **Yes**    **No**

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

# JOB APPLICATION

## *Previous Employment Continued:*

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed (Month/Year to Month/Year): \_\_\_\_\_

Salary: \_\_\_\_\_ Permission to contact employer:    Yes    No

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

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed (Month/Year to Month/Year): \_\_\_\_\_

Salary: \_\_\_\_\_ Permission to contact employer:    Yes    No

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

Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Dates Employed (Month/Year to Month/Year): \_\_\_\_\_

Salary: \_\_\_\_\_ Permission to contact employer:    Yes    No

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

# JOB APPLICATION

## *References:*

Please provide 3 personal and professional reference(s) below:

Name:	
Company:	Job Title:
Address:	
Phone:	Email:

  

Name:	
Company:	Job Title:
Address:	
Phone:	Email:

  

Name:	
Company:	Job Title:
Address:	
Phone:	Email:

## *Additional Information:*

What about our company is most exciting to you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe yourself in five words: \_\_\_\_\_

\_\_\_\_\_

## **JOB APPLICATION**

*Additional Information Continued:*

**What was your favorite job in your past and why?** \_\_\_\_\_

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**Why do you want to work for our company?** \_\_\_\_\_

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***AT-WILL EMPLOYMENT:***

The relationship between you and the UROLOGY PARTNERS, LLC 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 you or the UROLOGY PARTNERS, LLC. No representative of UROLOGY PARTNERS, LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Practice Manager, Vice-President or the Company's President.

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_