

Rudd Medical Services
1034 North Highland, Suite A
Murfreesboro, Tennessee 37130

Application for Employment

Application Date: _____

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

Position applied for: _____

NAME (LAST, FIRST, MIDDLE INITIAL)		PLEASE PRINT
PRESENT ADDRESS (No., STREET, CITY, STATE, ZIP CODE)		
DATE AVAILABLE TO BEGIN EMPLOYMENT:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	SOCIAL SECURITY NUMBER
ARE YOU WILLING TO WORK HOLIDAYS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?
ARE YOU WILLING TO WORK WEEKENDS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU CURRENTLY EMPLOYED?		DAYS AVAILABLE TO WORK?
REFERRED BY:		SALARY DESIRED:
Have you ever been convicted of, or plead guilty to, a crime (excluding minor traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, EXPLAIN: Answering yes to the above will not automatically disqualify you from employment consideration, except as required by state or federal law. Explain:		HOME PHONE CELL PHONE WORK PHONE
EMERGENCY CONTACT (NAME AND PHONE NUMBER)		

ADDITIONAL SKILLS
OTHER THAN ENGLISH DO YOU SPEAK ANY OTHER LANGUAGES?
PROFESSIONAL LICENSES (STATE, EXP. DATE, NUMBER)
COMPUTER PROGRAMS USED
SPECIALTY
OTHER

HAVE YOU APPLIED AT OR WORKED FOR RMS IN THE PAST? ☐ Yes ☐ No

WORK HISTORY

List below all present and past employment, beginning with the most recent. Record your military history as part of your work history.

EMPLOYER NAME	DATES	Describe your job duties:
	FROM	
ADDRESS (Street, City, State, Zip Code)	TO	
TELEPHONE	ENDING SALARY	REASON FOR LEAVING
SUPERVISOR		

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TELEPHONE	ENDING SALARY	REASON FOR LEAVING
SUPERVISOR		

When submitting your application, attach copies of all appropriate and current professional license(s) if you are a licensed health care provider. After receiving and reviewing your application you will be contacted by Rudd Medical Services to confirm receipt of your application and if selected for a face-to-face interview, you will be given an interview date and time. Bring the following documents with you for your face-to-face interview: a copy of your current resume and a current driver's license or a state issued ID card.

Submit your application to: Rudd Medical Services, 1034 North Highland Ave, Suite A, Murfreesboro, TN 37130 or email to jlong@ruddmd.com or fax to (615)893-8015

May we contact your current employer for a reference?

☐ Yes

☐ No

EDUCATION

TYPE OF SCHOOL	NAME STATE CITY	LAST YEAR ATTENDEND	GRADU- ATED	DEGREES EARNED	DATE	GRADE PT AVERAGE
ELEMENTARY			<input type="checkbox"/> YES <input type="checkbox"/> NO			
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE/ UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO			
COLLEGE/ UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO			
BUSINESS OR TRADE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO			
OTHER TRAINING			<input type="checkbox"/> YES <input type="checkbox"/> NO			

Are you attending school now?
Course of Study:

☐ Yes ☐ No

Expected Graduation Date:

REFERENCES: (Do not include former supervisors listed above or relatives)

NAME	ADDRESS	TELEPHONE

I certify that the information in this application is accurate, current and complete. I understand that misrepresentation or omission of facts herein is cause for termination, if employed.

I authorize Rudd Medical Services to obtain any relevant information (including a criminal background check and drug screen test) needed to make an employment decision both now and at anytime during the course of my employment should I be hired. I authorize Rudd Medical Management Services to disclose this application along with any information about me obtained through the hiring process or during the course of employment for federal, state, contractual or accreditation purposes.

I understand that should I become employed by Rudd Medical Services my work assignments and schedules are subject to change according to the needs of the business and the clients of Rudd Medical Services. I also understand that if I become employed by Rudd Medical Services that my employment is "at will" in which it may be terminated by either party, at any time, with or without cause.

I have read and understand the application and have answered all portion of the application truthfully and correctly with no omissions.

DATE

SIGNATURE

I hereby authorize my former employer to release information pertaining to my work record, work habits and work performance while in their employ.

DATE

SIGNATURE