

Thank you for your interest in the CITYMD Fellowship Program



Please **PRINT, COMPLETE** all appropriate fields,
SCAN and send back to **fellowship@citymd.net**

PERSONAL DATA

Please write your name below as it appears on your social security card

Legal Name: _____
First Last

Present Address: _____
Street Address Apartment Number City State Zip Code

Permanent Address: _____
Street Address Apartment Number City State Zip Code

Home #: _____ **Work #:** _____ **Cell #:** _____

Email Address: _____

Are you a U.S. citizen, lawful permanent resident of the United States (green card holder), refugee, asylee or temporary resident (which includes only those residing in the U.S. prior to 1986)? Yes No

Please provide the following, if applicable:

Visa Number: _____ **Exp:** _____

Green Card Number: _____ **Exp:** _____

If not a US Citizen, answer the questions below.

Are you presently authorized to work in the United States for CityMD? Yes No

Will you now or in the future require CityMD to sponsor you to obtain, maintain or extend your employment authorization? Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. To comply with this law, all offers of employment at CityMD are subject to, among other things, verification of the applicant's identity and employment authorization. All applicants who are hired must satisfy the Form I-9 requirements.

PRIOR WORK AND VOLUNTEER EXPERIENCE

Please provide an up to date and complete Curriculum Vitae or Resume with the return of this Employment Application.

EDUCATION

Use blank page for additional entries

	Name and Address of School	Specialty	Date of Attendance	Type of Degree or Diploma
Medical School:				
Internship:				
Residency:				
Other:				

PROFESSIONAL LICENSES, REGISTRATIONS AND CERTIFICATES CityMD2018*

This section shall be completed by individuals with professional licenses required by the position for which the applicant is applying.

Medical Licenses, DEAs, CDSs	Reg. No.	Expiration Date	State

APPLICANT'S CERTIFICATION

I certify that all answers and statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, might affect this application unfavorably. I understand that any falsification, misrepresentation or material omission of information called for on this application will constitute grounds for denial or immediate dismissal from employment.

I understand that employment with CityMD may be conditioned upon the results of a medical screening examination which includes testing for substance abuse, fingerprinting, attendance at employee orientation, skills testing and my ability to provide satisfactory documentation of my U.S. citizenship or authorization to work in the U.S. within three business days of the commencement of my employment.

I understand that nothing in this application for employment is intended or should be construed as an offer, agreement or contract of employment.

I understand that my employment with CityMD is either at will and either CityMD or I can terminate my employment with or without cause and with or without notice at any time or, where applicable, preconditioned upon my execution of a binding written employment agreement and satisfaction of conditions set forth herein and set forth in the employment agreement.

Completion of this Employment Application in no way guarantees consideration for and/or procurement of employment.

Print name

Signature of applicant

Date