



Christopher B. Stewart, DPM, PC

Podiatric Medicine & Surgery

Employment Application

Thank you for taking the time to fill out this application form to become a part of our team. Our goal is to foster trusting partnerships with patients in a caring, professional environment, and to be the podiatric medicine and surgery of choice in our community.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (____) _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____

To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Certificates

Please check any certifications that you have:

- | | |
|--------------------------------|--|
| <input type="checkbox"/> X-Ray | <input type="checkbox"/> NP |
| <input type="checkbox"/> LPN | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> RN | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> PA | <input type="checkbox"/> CNA |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Other: _____ |

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

- I certify that my answers are true and complete to the best of my knowledge.
- If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
- I hereby give the agents of Dr. Christopher B. Stewart's office permission to contact the above listed references.
- If I am required to be licensed, I hold a current license in the state of Virginia.
- I have read the job description and can perform duties described.
- I give Dr. Christopher B. Stewart my consent to perform a background check, credit check and drug test as required for the position I have applied.

Signature: _____ Date: _____

Christopher B. Stewart, DPM, PC is an equal opportunity, at will employer.