



1005 Mar Walt Drive  
Ft Walton Beach, FL 32547  
850-863-8100  
HR Fax 850-862-5593

Dear Applicant:

Thank you for your interest in working with White-Wilson Medical Center. **Due to the large volume of resumes and applications we receive, we are simply unable to respond to inquiries (by phone, email, etc.) regarding your application. If you are selected for an interview, you will be contacted – typically within 2-3 weeks of your application submission. Please do not call to inquire about your application.**

To help us provide a safe, secure, drug and alcohol free environment for all our associates and patients, we require all potential new associates be tested for illegal drugs as well as pass a thorough pre-employment background screening.

***All employment offers are contingent on the satisfactory results of pre-employment background screenings and upon the satisfactory results of a pre-employment drug screening.***

Pre-employment background screenings will be conducted by an independent third-party screening service.

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- You must ACCURATELY list all employer and reference names with COMPLETE contact information including telephone numbers, job titles, pay rates, reason for leaving, and CORRECT and COMPLETE dates of employment.
- You must authorize White-Wilson Medical Center to obtain information from your references and previous employers (with the exception of your current employer, if presently employed).
- You must FULLY complete EACH section of the Employment Application.

**IF YOU PROVIDE INCOMPLETE, INACCURATE OR FALSE INFORMATION ON YOUR EMPLOYMENT APPLICATION, YOU WILL NOT BE CONSIDERED FURTHER FOR EMPLOYMENT.**

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After completing the application, click on the "disk icon" on the browser bar to save the document to your hard drive and then email it to [msteuer@white-wilson.com](mailto:msteuer@white-wilson.com)

**White-Wilson Medical Center is an Equal Opportunity Employer, Drug and Smoke Free Workplace  
DO NOT LEAVE ANY INFORMATION BLANK or your application will not be considered**



# APPLICATION FOR EMPLOYMENT

**Position(s) applied for:**  
\_\_\_\_\_

**Personal Information: Please complete all information, even if you attach a resume.**

Name (Last, First, MI)		Social Security Number	
Street Address		City	State      Zip
Home Phone	Business Phone	Other Phone	Email
How did you hear about this opportunity?		Other names you have used	
Are you willing to work:    ___ Full Time    ___ Part Time ___ Temporary    ___ Weekends    ___ Evenings		When could you start work? ____/____/____	Desired Salary: \$ _____      Hourly / Annually
Are you legally authorized to work in the United States? __ Yes __ No    Note: If hired, you will be required to provide documents with your current name to establish identity and authorization to work in the United States.			
Are you related to any employee of White-Wilson Medical Center? Yes / No If yes, who:		Have you ever been employed by White-Wilson Medical Center? Yes No When:	
Have you ever been <b>convicted</b> of a crime? Yes / No If yes, explain: _____			
(A conviction will not necessarily disqualify you from employment but is reviewed for relevancy to the job you are applying for.)			
Have you ever been discharged or forced to resign from a job for misconduct or unsatisfactory performance? Yes No If yes, please give name, address and telephone number of employer, reason for termination and whether you agree with the reason:			

**Professional Licenses/Certifications**

License Type	State	Expiration Date	Registration Number

Have you ever had a professional license revoked or suspended? \_\_\_\_\_ If yes, why? \_\_\_\_\_

**Education Information**

High School or GED	Address, City, State, ZIP	Diploma/Certificate:    Yes    No	
Technical/Vocational	Address, City, State, ZIP	Degree Yes    No Type:	Major
College	Address, City, State, ZIP	Degree Yes    No Type:	Major
Military	Address, City, State, ZIP	Program	MOS/Certification
Other	Address, City, State, ZIP	Degree Yes    No Type:	Major

**General**

What business equipment can you operate? (computers, fax, etc.)	In what computer software programs are you <b>proficient</b> ?
What knowledge, skills, and abilities do you possess that qualify you for this position?	
Do you speak or read any language other than English?    Yes    No    If yes, please identify the language and your proficiency level.	

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**References (Please list 3 references that are familiar with your work history)**

Name	Title/Occupation	Company/Address	Phone Number
			Work: Home:
			Work: Home:
			Work: Home:

**Employment History (List below last four employers, starting with the most recent one first)**

<b>1. Name of Company</b>		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for Leaving :	
Starting Salary \$ Hour/Annual	Final Salary \$ Hour/Annual	Bonus \$	Are you still employed? ___ Yes ___ No May we contact your supervisor? ___ Yes ___ No ___ Later
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor
<b>2. Name of Company</b>		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for Leaving :	
Starting Salary \$ Hour/Annual	Final Salary \$ Hour/Annual	Bonus \$	May we contact your supervisor? ___ Yes ___ No
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor
<b>3. Name of Company</b>		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for Leaving :	
Starting Salary \$ Hour/Annual	Final Salary \$ Hour/Annual	Bonus \$	May we contact your supervisor? ___ Yes ___ No
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor
<b>4. Name of Company</b>		From Mo/Yr	To Mo/Yr
Street Address		City	State Zip
Job Title: Duties:		Reason for Leaving :	
Starting Salary \$ Hour/Annual	Final Salary \$ Hour/Annual	Bonus \$	May we contact your supervisor? ___ Yes ___ No
Name of Supervisor		Title and Department of Supervisor	Phone Number of Supervisor

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**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

1. I understand that if hired, I will be placed in a 180-day orientation period. I further understand that, in accordance with Florida Statute 443.131(3)(a)(2), if I am terminated for unsatisfactory work performance within the 180-day orientation period, the employer's unemployment account shall not be charged for any unemployment benefits paid to me.

Applicant's Initials \_\_\_\_\_

2. I understand and agree that if I am hired, all policies and procedures of the Company may be modified, amended or deleted by the employer with or without notice to me of such amendment, modification or deletions; that the policies and procedures, whether oral or written, are to be advisory only, and are not to be interpreted as a contract of employment; and that my employment may be terminated at the will of either myself or the Company

Applicant's Initials \_\_\_\_\_

3. I understand that White-Wilson will not tolerate sexual or other forms of unlawful harassment or discrimination which includes comments, emails, text messages or other behavior based upon race, color, gender, religion, age, marital status, national origin or disability. I understand that if hired and if I experience harassment or discrimination or observe it, I have the affirmative obligation to report it. I also understand that unlawful harassment or discrimination is a basis for disciplinary action up to and including termination.

Applicant's Initials \_\_\_\_\_

4. I understand and agree that if I am hired, I will be agreeing to submit any and all claims arising out of or related to my application for employment, employment with White-Wilson Medical Center, or termination therefrom to binding arbitration and that I am waiving my right to litigate any claims in court.

Applicant's Initials \_\_\_\_\_

5. I understand and agree that if I am hired, I am waiving any right to a jury trial on any and all claims arising out of or related to my application for employment, employment with White-Wilson Medical Center or termination therefrom.

Applicant's Initials \_\_\_\_\_

6. I understand and agree that if I am hired, I have no expectation of privacy in any electronic material, messages or the like either stored or generated on Company owned computers, telephones, laptops, PDAs or the like. Furthermore, the Company may monitor any such communications in accordance with its internet and electronic communications policies.

Applicant's Initials \_\_\_\_\_

- I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
- I understand that my employment is "at will" and can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the employer other than the Director of Human Resources or Chief Executive Officer has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me.
- I understand that White-Wilson Medical Center will conduct a thorough investigation of my background, experience, education and licenses. I thereby authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application, any accompanying resume, and employers mentioned during the interview process, to provide any relevant information that may be required to arrive at an employment decision.
- I understand that White-Wilson Medical Center is a Drug-Free Workplace employer that includes pre-employment and post-employment urinalysis drug screening and that refusal to participate or a positive test result will result in immediate ineligibility for employment or continued employment.

Date	Signature
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## EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name \_\_\_\_\_ Date \_\_\_\_\_

Position Applied for  
\_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month/Day/Year

Sex: Male Female

### Race/Ethnic Data:

White (Non-Hispanic)

Asian or Pacific Islander

American Indian or  
Alaskan Native

Black (Non-Hispanic)

Hispanic

Other

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### EXPLANATION OF THE CATEGORIES:

**White (Non-Hispanic origin):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East

**Black (Non-Hispanic):** Persons having origins in any of the black racial groups of Africa.

**Asian or Pacific Islander:** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

**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.

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## Background Investigation Release Form

In connection with my application for employment (including contract for service) with White-Wilson Medical Center ("the Company"), I understand that a thorough background investigation will be performed and any such reports will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, internet searches and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living, and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further, I understand that you will be requesting information from various Federal, State, County and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if the Company hires me, it may request an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to the Company at any time, stating that I revoke my consent and no longer allow the Company to obtain consumer or investigative consumer reports about me.

This Disclosure and Consent form, in original, faxed, photocopied or electronic form, will be valid for any reports that may be requested by the Company.

I authorize without reservation any party or agency acting on the behalf of this employer to furnish the above-mentioned information. I understand to aid in the proper identification of my file or records the following personal identifiers, as well as other information, is necessary.

I hereby affirm that the information provided on this application (and accompanying documentation, if any) is true and complete to the best of my knowledge. I understand and agree that falsified information, significant omissions of information, or negative information revealed from the background investigation may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

Print Name \_\_\_\_\_

Other Names Known By \_\_\_\_\_

Social Security Number \_\_\_\_\_ *\*Date of birth will be required if an employment offer is made.*

Driver License Number \_\_\_\_\_ State \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Prospective Employer White-Wilson Medical Center, P.A.

California, Oklahoma or Minnesota Applicants:

I would like to receive a copy of any report obtained on me by "the Company".

Yes

No