



Application for Employment

Please forward all applications and resumes to hr@mannm.com.

Medical Associates is an equal opportunity employer and does not discriminate against otherwise qualified applicants. This office selects the best matched individual for the job based upon job-related qualifications, regardless of race, color, creed, religion, ancestry, sex or gender, sexual orientation, age, marital status, disability or handicap, veteran status, or any protected groups under State or Federal Equal Opportunity laws.

Personal Information

First and Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (____) ____-____ Email: _____

How did you learn about this position? _____

Desired Employment

Desired Position: _____

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation, for one year? Yes No

Date you can start: _____ Desired Hourly Rate: _____

Are you currently employed? _____ If so, may we contact your present employer? _____

Education

Education	Name of School	Degree Received	Area of Study
High School			
Trade School			
Bachelor's Degree			
Master's Degree			
Certification			

Professional Licenses, If Applicable:

Type	State	Expiration Date



Medical Associates *of Northern New Mexico*

Employment History

Position: _____ Employer: _____

Dates Employed: ___/___/___ - ___/___/___ Reason for Leaving: _____

Supervisor Name: _____ Supervisor Phone Number: _____

Position: _____ Employer: _____

Dates Employed: ___/___/___ - ___/___/___ Reason for Leaving: _____

Supervisor Name: _____ Supervisor Phone Number: _____

Position: _____ Employer: _____

Dates Employed: ___/___/___ - ___/___/___ Reason for Leaving: _____

Supervisor Name: _____ Supervisor Phone Number: _____

References

Provide 3 professional references who can speak on your work abilities.

Name: _____ Company: _____

Job Title/Relationship to You: _____ Phone Number: _____

Name: _____ Company: _____

Job Title/Relationship to You: _____ Phone Number: _____

Name: _____ Company: _____

Job Title/Relationship to You: _____ Phone Number: _____

Signature: _____ Date: _____