



500 Independence Parkway, Suite 100
Chesapeake, VA 23320
757-547-9714
Fax 757-547-0725

Eastern Virginia Ear, Nose and Throat Specialists Employment Application

Applicant's Name: _____

This practice does not discriminate against applicants on the basis of race, sex, color, religion, national origin, age, disability, or veteran status. We are an Equal Employment Opportunity Employer.

Date: _____

Legal Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Cell Phone: _____ email: _____

Emergency Contact: _____ Relationship: _____

Phone: _____ Cell Phone: _____

Position applying for: _____ Days available: _____

Salary desired: _____ How did you hear about the position? _____

Have you ever worked here before? **YES** / **NO** When? _____

Why did you leave? _____

Have you ever served in the military? **YES** / **NO** Branch: _____

Dates: _____ Special Training: _____

Are you currently in the Reserves? **YES** / **NO** Branch: _____

Are you licensed to drive a vehicle? **YES** / **NO**

If hired, can you provide proof that you are 18 years old or older? **YES** / **NO**

If hired can you provide proof that you are eligible to work in the United States? **YES** / **NO**

➤ EDUCATION ◀

SCHOOL

MAJOR AREA STUDIED

YR COMPLETED DEGREE

Name of High School

Name of VoTech School

Name of College

Name of Post College

Professional Registration, License Information (Must be completed if required by the position applied for)

	Registration #	Renewal #	Date Issued	Date Expires	Type
State					
National					

Has your professional nursing license ever been voluntarily or involuntarily withdrawn, suspended, denied, revoked or restricted in any location? **YES** / **NO** When and Why? _____

Other Technical Skills or Certifications, etc.

➤ WORK HISTORY ◀

Starting with your **MOST recent job**, please provide the last 4 jobs held, including **CURRENT** contact information for employment verification:

1. Company Name: _____
Address: _____
Position: _____ Dates: _____
Supervisor: _____ Phone: _____
Email : _____ Pay Rate: _____
Reason for leaving: _____

May we contact for Reference? **YES** / **NO**

2. Company Name: _____
Address: _____
Position: _____ Dates: _____
Supervisor: _____ Phone: _____
Email : _____ Pay Rate: _____
Reason for leaving: _____
May we contact for Reference? **YES** / **NO**

3. Company Name: _____
Address: _____
Position: _____ Dates: _____
Supervisor: _____ Phone: _____
Email : _____ Pay Rate: _____
Reason for leaving: _____
May we contact for Reference? **YES** / **NO**

4. Company Name: _____
Address: _____
Position: _____ Dates: _____
Supervisor: _____ Phone: _____
Email : _____ Pay Rate: _____
Reason for leaving: _____
May we contact for Reference? **YES** / **NO**

List three professional references (Not family and preferably two managers):

Professional:

1. Name: _____ Title: _____
Company: _____ Phone: _____
Address: _____ Email: _____
Position in relationship to your employment: _____

2. Name: _____ Title: _____
Company: _____ Phone: _____
Address: _____ Email: _____
Position in relationship to your employment: _____

3. Name: _____ Title: _____
Company: _____ Phone: _____
Address: _____ Email: _____
Position in relationship to your employment: _____

Have you ever been convicted or pled guilty to a crime other than a traffic citation? **YES** / **NO**

Explain: _____

APPLICANT'S STATEMENT

It is the goal of Eastern Virginia Ear Nose & Throat Specialists (EVENTS) to employ the qualified individual who best matches the requirements for the position to be filled. I certify that the statements herein are made truthfully without evasion and agree that the statements may be investigated and if found false may subject me to disqualification for employment or be sufficient reason for my dismissal. EVENTS reserves the right to make any investigation into my previous employment history, financial, credit or public records, including criminal background through investigative or credit agencies or bureaus of EVENTS choice. I understand that by authorizing this investigation, it is not a promise of employment. I authorize all schools which I attended and all previous employers to furnish EVENTS with my record, reason for leaving and all information they may have concerning me and hereby release them and EVENTS from all liability for any damage whatsoever arising there from.

I have read and agree to the above statement. **YES** / **NO**

Signature

Date

Revised 07/17/24 (LM)



Jeffrey P. Powell, M.D., D.D.S., F.A.C.S.
Alan S. Keyes, M.D., F.A.C.S.
Kimberly Pasquale, M.D., F.A.C.S.
Richard F. Debo, M.D., F.A.C.S.
Ryan P. Hester, M.D.
David W. Leonard, M.D., F.A.C.S.
Kim Scott, F.N.P., A.E.-C, CORLN
Alexis L. Buettner, MPA, PA-C

Administrator – Lisa Okerlund
Audiology - Paula A. Abraham, Au.D., CCC-A
Michael W. LeMay, Au.D., CCC-A
Kaitlyn Mihalick, Au.D., CCC-A
Justin Schulz, Au.D., CCC-A
Sarah Frankel, Au.D., CCC-A
Pamela Swartz, Au D, CCC-A
Sarah Goodson, Au.D

Background Check Authorization

Print Full Name: _____

First

Middle

Last

Address: _____

Street

City

State

Zip

Date of Birth: _____ Social Security #: _____

Telephone #: _____ E-Mail: _____

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment and/or internship. I understand that by authorizing a background check, it is not a promise of employment.

I hereby authorize Eastern Virginia Ear Nose & Throat Specialists to conduct a comprehensive review of my background for employment and/or volunteer purposes. I understand that the scope of the investigative report may include, but is not limited to the following areas: verification of social security card; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, and any other public records.

This information given by me is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the exclusive judgment of Eastern Virginia Ear, Nose & Throat Specialists) that I will be disqualified from consideration for employment.

Signature: _____ Date: _____

Please bring the following with you to you interview:

- Driver's License, Social Security Card **OR** Passport
- Clinical License (if applicable)
- Documentation of Tetanus (**Clinical Staff only**)
- Documentation of Hepatitis B Vaccine (**Clinical Staff only**)
- Documentation of CPR Certification (**Clinical Staff only**)