



Sheikh Medical Care PLLC

103-02 93RD ST, OZONE PARK, New York 11417

Tel: 718-487-3944, Fax: 718-487-3929,

E-mail: sheikhmedicalcarepllc@gmail.com

Application for Employment

Sheikh Medical Care PLLC Internal Medicines are ECO (Equal Employment Opportunity) as well as Affirmative Action Employers committed to superiority through diversity. In general, Employment offers are created based on qualifications and without concern about racism, nationality, ethnic origin, age, disability, sexual orientation, veteran status, or religion.

PLEASE PRINT OR TYPE Complete your whole application. Even if you're submitting any resume, you need to complete your application and ALL questions. If not completed properly, it can be rejected later on. Kindly email your resume and application after the completion at sheikhmedicalcarepllc@gmail.com or fax or to 718-487-3929.

NAME: _____

DATE OF APPLICATION: _____

POSITION APPLYING FOR: _____

HOME PHONE: _____

STREET ADDRESS: _____

PRACTICE PLAN APPLYING TO:

CITY, STATE, ZIP CODE: _____

SMCPLLC INTERNAL MEDICINE

EMAIL: _____

CELL PHONE: _____

Are you actually eligible to work in the U.S? Yes No

Can you provide genuinedocumentation for establishing your identity andeligibility to be employed legally in the US? Yes No

Are you 18 years of age or older? Yes No If NO, what is your age currently?_____

Have you been employed before by SMCPLLC Internal Medicine? Yes No If YES, explain dates of employment & main reason for leaving:

Are you related to any recent SMCPLLC Internal Medicine Employee? Yes No If YES, their name & their relationship to you?

How did you discover this employment opportunity? Please check all that apply: Website Referral by employee – Name: Job Bulletin (Posting) Ad in newspaper Other:

Have you been discharged before from anyemployer or simply asked to resign? Yes No If YES, kindly explain:

MANDATORY FIELD - Kindly indicate wage expected with only dollars.

WAGE EXPECTED: _____ Yes No DATE AVAILABLE TO BEGIN: _____

WORK EXPERIENCE

Kindly detail the whole work history. Start with your most recent or current employer. Also, if you help various positions with a similar organization, you should detail every position individually. Attach some additional sheets where needed. Explain all the gaps in employment. Lastly, you need to include volunteer or hill-time military commitments.

PLEASE NOTE: Sheikh Medical Care PLLC Internal Medicine holds the right to contact every former or current employer for all sorts of reference information.

Start with last/present employer:

| | | | |
|--|--------------------------------|-------------|--------------------------------|
| DATES EMPLOYED: | Yes | No | TITLE: |
| From: _____ To: _____ | | | _____ |
| | If part-time, # hrs/wk: _____ | | _____ |
| COMPANY NAME: _____ | | | PHONE: _____ |
| ADDRESS (Street, City, State, Zip Code). _____ | | | |
| SUPERVISOR'S NAME: _____ | | | STARTING SALARY: _____ |
| TITLE: _____ | | | ENDING SALARY: _____ |
| PHONE: _____ | Contact my current references: | At any time | Only if I am a final candidate |
| REASON FOR LEAVING: _____ | | | |

| | | | |
|--|--------------------------------|-------------|--------------------------------|
| DATES EMPLOYED: | Yes | No | TITLE: |
| From: _____ To: _____ | | | _____ |
| | If part-time, # hrs/wk: _____ | | _____ |
| COMPANY NAME: _____ | | | PHONE: _____ |
| ADDRESS (Street, City, State, Zip Code). _____ | | | |
| SUPERVISOR'S NAME: _____ | | | STARTING SALARY: _____ |
| TITLE: _____ | | | ENDING SALARY: _____ |
| PHONE: _____ | Contact my current references: | At any time | Only if I am a final candidate |
| REASON FOR LEAVING: _____ | | | |

| | | | |
|--|--------------------------------|-------------|--------------------------------|
| DATES EMPLOYED: | Yes | No | TITLE: |
| From: _____ To: _____ | | | _____ |
| | If part-time, # hrs/wk: _____ | | _____ |
| COMPANY NAME: _____ | | | PHONE: _____ |
| ADDRESS (Street, City, State, Zip Code). _____ | | | |
| SUPERVISOR'S NAME: _____ | | | STARTING SALARY: _____ |
| TITLE: _____ | | | ENDING SALARY: _____ |
| PHONE: _____ | Contact my current references: | At any time | Only if I am a final candidate |
| REASON FOR LEAVING: _____ | | | |

| | | | |
|--|--------------------------------|-------------|--------------------------------|
| DATES EMPLOYED: | Yes | No | TITLE: |
| From: _____ To: _____ | | | _____ |
| | If part-time, # hrs/wk: _____ | | _____ |
| COMPANY NAME: _____ | | | PHONE: _____ |
| ADDRESS (Street, City, State, Zip Code). _____ | | | |
| SUPERVISOR'S NAME: _____ | | | STARTING SALARY: _____ |
| TITLE: _____ | | | ENDING SALARY: _____ |
| PHONE: _____ | Contact my current references: | At any time | Only if I am a final candidate |
| REASON FOR LEAVING: _____ | | | |

EDUCATION

| NAME OF SCHOOL | CITY/STATE | # OF YEARS COMPLETED | | DIPLOMA | GED | DEGREE RECEIVED | MAJOR |
|------------------------|------------|----------------------|----|---------|-----|-----------------|-------|
| High School: | | 1 | 2 | Yes | Yes | | |
| | | 3 | 4 | No | No | | |
| College: | | Attended | | | | | |
| | | Yes | No | | | | |
| Graduate School: | | Attended | | | | | |
| | | Yes | No | | | | |
| Business/Trade School: | | Attended | | | | | |
| | | Yes | No | | | | |

List of Language to List of License

| N/A | NO | ISSUE | EXP |
|-----|----|-------|-----|
| | | | |

SKILLS

Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and

software packages which you have a working knowledge of and note your level of proficiency (basic, intermediate, expert).

REFERENCES

| NAME | TITLE/COMPANY | EMAIL | PHONE | YEARS KNOWN | MAY WE CONTACT |
|------|---------------|-------|-------|-------------|----------------|
| | | | | | Yes |
| | | | | | No |
| | | | | | Yes |
| | | | | | No |
| | | | | | Yes |
| | | | | | No |



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NOTIFICATION & AGREEMENT: KINDLY READ BEFORE YOU SIGN.

I CERTIFY THAT EVERY ANSWER I HAVE GIVEN IS ACCURATE, COMPLETE, AND TRUE. I UNDERSTAND THAT THE OMISSION, MISREPRESENTATION, OR FALSIFICATION OF FACTS ON THIS APPLICATION WILL BE ULTIMATELY CAUSED FOR IMMEDIATE EMPLOYMENT, OR DENIA FOR EMPLOYMENT, REGARDLESS OF HOW OR WHEN DISCOVERED.

Queries related to this statement must be directed to the employment interviewer right before signing. Plus, the application will be efficiently given every possible consideration. However, its receipt doesn't indicate that the application will be employed.

It's the main policy of our company to afford the same opportunity to every applicant and employee without any concern of religion, national origin, expunged juvenile, marital status, color, religion records, or even pregnancy, and it also provides military veterans, disabled veterans of any era, individuals with disabilities, and others with characteristics protected by Federal, State, or Local law equal employment opportunities.

I provide permission to verify any and all information on this application. I waive any claims against the person(s) providing such information, and I dismiss any claims against the company that may arise from conducting such an inquiry.

If hired, I agree to endure all the rules and regulations of the company and comprehend that my employment might be terminated with and without cause at the option of either the company or me. I additionally acknowledge that no statement made by any agent or representative of the firm, whether oral or written, at any time may constitute an employment contract. I agree that the employer and the plan administrators have the broadest authority to implement and interpret any and all rules, procedures, benefits, or other terms and conditions of employment. No employee or representative of the business has the power to modify any policy, process, benefit, or any other terms or conditions of employment or to enter into any agreement contrary to the above unless such a change is made in writing and signed by an authorized executive of the company.

I acknowledge that I have keenly read and comprehended the statements mentioned above and hereby grant permission for the confirmation of the information supplied by me on this application.

APPLICANT SIGNATURE

DATE



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Equal Opportunity, Affirmative Action

Voluntary Self-Identification Form

NAME: _____ DATE: _____

POSITION APPLYING FOR: _____

PRACTICE PLAN APPLYING TO: _____ SMCPLLC INTERNAL MEDICINE

Sheikh Medical Care PLLC is an Affirmative Action Employer and Equal Opportunity. As needed by law, we need to record specific information to be made a crucial part of the Affirmative Action Program. All the applicants for employment are keenly invited to participate in our Affirmative Action Program simply by reporting their status as minority, disabled, veteran of the Vietnam period, or disabled veteran. In extending this invitation, you're advised that: (a) responses will be utilized for essential information needed for our Affirmative Action Program; (b) responses will always remain confidential within our Human Resources Department; (c) Workers are under no responsibility to respond, but might do so near in the future if they want. We recognize the need for a diverse workforce. Your refusal to disclose this data or information will not affect your ability to get work or your current position as an employee.

1. Race (select any one)

- White (Not Latino or Hispanic) - a person who has origins in the native people of North America, the Middle East, and Europe.
- Black or African American (Not Latino or Hispanic) - a person who has origins in the black racial African groups.
- Latino or Hispanic - all persons of Mexican, Central or South American, Puerto Rican, Cuban, and any Spanish culture, regardless of race.
- Asian - a person who has origin in the original people of Southeast Asia, Far East Asia, Indian Subcontinent, mainly including India, Korea, Japan, Pakistan, Malaysia, Philippine Islands, Vietnam, Thailand, China, and Cambodia.
- Native Hawaiian or Any Other Pacific Islander - a person who has origin in the native people of Samoa, Guam, Hawaii, and any other Pacific Islands.
- American Alaskan/Indian Native - all people who have origin in the native people of North America & the ones who uphold their cultural identification via community recognition or tribal affiliation.
- Two or More Races - all people who specify with more than one of the above-mentioned ethnicities and races.

1. Gender Female Male

2. Disability Status

Individual with any Disability - a person who has a mental or physical impairment that limits one or even more major activities of life ;(2) has a complete record of such impairment; and/or (3) regarded as having any kind of impairment.

3. I DON'T WISH TO SELF-IDENTIFY

PRINT NAME: _____

I verify and acknowledge that this is an electronic signature,if this general form is transmitted via electronic means.

Signed By