



**STEPHEN G. DIAMANTONI, M.D.  
& ASSOCIATES  
FAMILY PRACTICE**

Stephen G. Diamantoni, M.D. & Associates Family Practice, PC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**PERSONAL:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Position Sought \_\_\_\_\_ Full Time Part Time

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are you over 18 years old?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No  
(If offered employment, you will be required to provide documentation to verify eligibility.)

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** No. of Yrs Completed (circle one) 1 2 3 4

**Diploma:**  Yes  No **G.E.D.:**  Yes  No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

Number of Years Completed (circle one) 1 2 3 4



School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degrees Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**PROFESSIONAL LICENSE OR MEMBERSHIP:**

Type of License(s) Held \_\_\_\_\_

State of [State Name] License Number \_\_\_\_\_

License Expiration Date \_\_\_\_\_

Other Professional Memberships \_\_\_\_\_

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**This application for employment is good for 30 days only.  
Consideration for employment after 30 days requires a new application.**

**SKILLS :**

Office: Typing \_\_\_\_\_ wpm.

Microsoft Word     Excel     Powerpoint     Microsoft Outlook     EHR     Scanning

Other Software Skills \_\_\_\_\_

Have you ever been employed in any facility of Stephen G. Diamantoni, M.D. & Associates Family Practice?     Yes     No

If so, please state facility name and location and dates of employment



Do you have any learning disability? (you may be asked for medical documentation) \_\_\_\_\_YES NO\_\_\_\_\_ If yes, explain,

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to travel our 5 locations, if needed \_\_\_\_ YES \_\_\_\_NO \_\_\_\_

Have you ever worked of SGD & Associates before? \_\_\_\_\_YES \_\_\_\_NO

Has any member of your family worked for SGD& Associates? \_\_\_\_\_YES NO\_\_\_\_\_

Are you currently or actively engaged in any litigation? \_\_\_\_\_YES NO\_\_\_\_\_ if yes explain,

\_\_\_\_\_  
\_\_\_\_\_

**RECORD OF CONVICTION :**

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?  
\_\_ Yes \_\_ No

If yes, explain: \_\_\_\_\_

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

\_\_\_\_\_

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

If any employment was under a different name, indicate name \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_



Duties \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs.\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs.\_\_\_\_

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Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
Mo/Yr Mo/Yr

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_ FT \_\_ PT \_\_ No. of Hrs.\_\_\_\_

Reason for Leaving \_\_\_\_\_



If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? \_\_Yes \_\_No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

**Professional**  
Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

**Personal**  
Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_



**REFERENCES:**

Phone (\_\_\_\_)\_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_



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& ASSOCIATES  
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**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Stephen G. Diamantoni, M.D. & Associates Family Practice to verify their accuracy and to obtain reference information on my work performance. I hereby release Stephen G. Diamantoni, M.D. & Associates Family Practice from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_



## APPLICANT RELEASE STATEMENT

I understand that employment with Diamantoni and Associates is contingent upon satisfactory background check as required by Pennsylvania State Law.

I authorize Stephen G. Diamantoni and Associates to contact present and previous employers; check with the Child Abuse Registry; and check with the Adult Abuse Registry as required by the provisions of Pennsylvania State Law.

I acknowledge that any offer of employment or continuation of employment may be denied based on a review of my work history, which uncovers any of the following:

- Incidents involving violent behavior or threats of violence
- Incidents involving abuse of patients/clients/employees/children
- Incidents involving negligence/neglect of patients/clients/employees/children

I acknowledge that my offer of employment is contingent upon the information received from previous employers as mandated by Pennsylvania State Law.

I release Diamantoni and Associates, present and past employers, and all persons whomsoever you have designated as a reference on your behalf.

I hereby give permission to Diamantoni and Associates to obtain information about my professional education, experience, training, competence, ethics, character and other qualifications. I consent to release of such information in the form of transcripts, evaluations, records, letters, photocopies, or verbal statements from those references you have given or other individuals who possess information about me. Such information may be released to Diamantoni and Associates and or its affiliates or representatives.

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Name (printed)

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Signature

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Date

