

Urology Nevada
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Urology Nevada complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**VOLUNTARY EEO FORM
UROLOGY NEVADA**

Please help us carry out our EEO/AA obligations and comply with state and federal law by completing this section. While you are not required to complete this section, you should know that if you leave it blank we have the right to enter data for this purpose based upon our visual assessment. To demonstrate that we meet equal employment opportunity requirements, periodically we must report statistical information about applicants and employees to the United States government. This information will be kept separate from examination and application materials and will not be used in any unlawful way to make any employment decision. Urology Nevada is an Equal Opportunity Employer.

- VIETNAM ERA VETERAN.** A person who (1) served on active duty for a period of more than 180 days, any part of which occurred between 8/5/64 and 5/7/75 and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability, if any part of such active duty was performed between 8/5/64 and 5/7/75.
- DISABLED VETERAN.** A person entitled to disability compensation under laws administered by the Veteran's Administration for disability, rated at 30% or more, or a person whose discharge or released from active duty was for a disability incurred or aggravated in the line of duty.
- HANDICAPPED INDIVIDUAL.** A person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such impairment.

What is the nature of your handicap? visual hearing speech physical developmental disability

CHECKING ANY OF THESE AREAS WILL NOT BE CONSIDERED A REQUEST FOR ACCOMODATION.

Your Date of Birth _____/_____/_____
MO DAY YR

Please answer below based on how you are known in your community. We understand that it may be difficult to choose a single ethnic identity if you have a multicultural heritage. Nevertheless, to comply with legal guidelines we would like you to choose only one.

Check the Appropriate Box: Male Female

Check the Appropriate Box:

- | | | |
|--|---|---|
| 8. <input type="checkbox"/> WHITE (not Hispanic Origin) All persons not classified into one of the five specific ethnic minority categories that follow. | 2. <input type="checkbox"/> BLACK (not Hispanic Origin) All persons having origin in any of the black racial groups. | 7. <input type="checkbox"/> HISPANIC All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or Origin, regardless of race. |
| 1. <input type="checkbox"/> ASIAN Or Pacific Islanders other than Filipinos. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Pacific Islands. For example, China, Japan, Korea, Samoa, the Indian Subcontinent and the Middle East. | 3. <input type="checkbox"/> FILIPINO All persons having origins in the people of the Philippine Islands. | 5. <input type="checkbox"/> AMERICAN INDIAN or Alaskan Native. All persons having origins in any of the original peoples of North America. |

15. EXPERIENCE: It is your responsibility to show that you meet the minimum qualifications of the position applied for. Provide enough information to allow for evaluation of your work experience and abilities. List the positions held, starting with your most recent job. If you held more than one position with the same employer, list each position separately. Include relevant volunteer experience. If more space is needed, request additional Experience sheets.

This section must be completed. A resume may accompany your completed application, but will not be accepted in lieu of completing any part of the application. Applications that reference "see resume" in the "Experience" section will be rejected as incomplete.

Name of Employer:		Name Under Which You Were Employed		Type of Business	
Address				Telephone	
Reason for Leaving		May We Contact Now?		Name of Supervisor	
Title of Position Held	Employed from: _____ mo. _____ yr. To: _____ mo. _____ yr.		Hours per Week	Reason for Leaving	
Type of Work Performed – Identify the most important tasks/duties performed.					

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16. License or Certification (if required by position):

Certificate of Training/Professional Registration	License#/Registration #	Date Issued	Expiration

17. REFERENCES: Give names and address of 3 people (not relatives) that we may contact who have knowledge of your job skills, experience and ability. You may use past employers.

Name	E-mail Address	Telephone #	Business/Occupation

Applicant Certification: PLEASE READ BEFORE SIGNING. I CERTIFY that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I authorize Urology Nevada to investigate all statements contained in this application and its attachments. I understand that statements made are subject to verification and that any misrepresentation, fraud or omission of material facts may be grounds to deny employment or to initiate disciplinary action, including dismissal for cause, after employment. The submission of this application and its acceptance by Urology Nevada does not constitute an expressed or implied contract or offer of employment

X _____
Signature Date

UROLOGY NEVADA EXPERIENCE CONTINUED

15. EXPERIENCE – CONTINUED It is your responsibility to show that you meet the minimum qualifications of the position applied for. Provide enough information to allow for evaluation of your work experience and abilities. List the positions held, starting with your most recent job. If you held more than one position with the same employer, list each position separately. Include relevant volunteer experience. If more space is needed, request additional Experience sheets.

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Name of Employer:		Name Under Which You Were Employed		Type of Business	
Address				Telephone	
Reason for Leaving		May We Contact Now?		Name of Supervisor	
Title of Position Held	Employed from: _____mo. _____ yr. To: _____ mo. _____ yr.		Hours per Week	Last Salary	
Type of Work Performed – Identify the most important tasks/duties performed.					

Name of Employer:		Name Under Which You Were Employed		Type of Business	
Address				Telephone	
Reason for Leaving		May We Contact Now?		Name of Supervisor	
Title of Position Held	Employed from: _____mo. _____ yr. To: _____ mo. _____ yr.		Hours per Week	Reason for Leaving	
Type of Work Performed – Identify the most important tasks/duties performed.					

