

# Hampton Roads ENT-Allergy

Geoffrey W. Bacon, MD, Timothy A. Queen, MD, Michael J. Jacobson, MD  
John L. Howard, II, MD, Fred W. Lindsay, DO  
Beverly M. Patterson, DNP, FNP-BC, Kelly Frederick, FNP-C

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## EMPLOYMENT APPLICATION

(Please print or type)

### PERSONAL INFORMATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Position Applied For \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

If not, do you have work papers?  Yes  No

Are you a veteran?  Yes  No Branch of Service \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

*(If under 18, hire is subject to verification that you are of minimum legal age for employment.)*

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No

What days and hours are you available for work? \_\_\_\_\_

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Are you available to work overtime, if necessary?  Yes  No

If hired, what date can you start? \_\_\_\_\_

Do you have a reliable means of transportation to and from the workplace?  
 Yes  No

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Are you able to perform the essential functions of the job for which you are applying? \_\_\_\_ Yes \_\_\_\_ No

If no, describe the functions that cannot be performed. \_\_\_\_\_

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*(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)*

Have you ever been convicted of or have any cases pending for a criminal offense? \_\_\_\_ Felony  
\_\_\_\_ Misdemeanor \_\_\_\_ None

If you checked either Felony or Misdemeanor, state the nature of the crime(s), when and where convicted and the disposition of the case. (Note: your criminal record may be checked before employment.)

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*(No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)*

## EDUCATION, TRAINING and EXPERIENCE

School	Name and Address	No. years completed	Did you graduate?	Degree/Diploma
High School	_____			
College/University	_____			
Vocational/Business	_____			
Health Care	_____			

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Hampton Roads Otolaryngology Associates? If so, please explain.

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## EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 3 Years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
          No. Street City State ZIP

Type of Business: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
          No. Street City State ZIP

Type of Business: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State ZIP

Type of Business: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Salary: Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

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

## REFERENCES

Please furnish the names, addresses, and phone numbers of two people to whom you are not related and by whom you have not been employed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
NO. Street City State ZIP

Telephone: (\_\_\_\_) \_\_\_\_\_ # Years Acquainted: \_\_\_\_\_

Occupation: \_\_\_\_\_

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Name: \_\_\_\_\_

Address: \_\_\_\_\_  
NO. Street City State ZIP

Telephone: (\_\_\_\_) \_\_\_\_\_ # Years Acquainted: \_\_\_\_\_

Occupation: \_\_\_\_\_

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I certify that my answers are true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries of my personal, employment, educational, financial, or medical history and other related matters as may be necessary for an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection with my application.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in my immediate discharge.

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Applicant's Signature

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Date

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Applicant's Name (Please Print)

For Department Use Only

Action: \_\_\_\_\_

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