

**Application for Employment**  
**Christian Medical & Dental Associations**  
**P. O. Box 7500**  
**Bristol, TN 37621**

**This application is good for 30 days.**  
 Prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, handicap or veteran status.  
**CMDA employment is "at will".**

<b>P E R S O N A L</b>	Last Name			First	Middle	Date
	Street Address					Email
	City, State, Zip					Home Telephone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year      Location					Mobile Telephone ( )
	Position Desired					Social Security Number
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?					Pay Range Expected
	Are you legally eligible for employment in the United States?					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
						When will you be available to begin work?

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	GPA/Rank	No. of years completed	Did you Graduate?	Degree or Diploma
	Graduate					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/ Technical					<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School					<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other special training or skills (language, machine operation, etc.)							

<b>Other Information</b>	
Organizations you belong to:	
Personal skills and talents:	
How did you find out about CMDA?	

# Employment

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer and work backwards.

<b>1</b>	Company Name	Telephone (    )
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly or annual pay Start                      Last
	State job Title(s) and describe Your Work	Reason for Leaving

<b>2</b>	Company Name	Telephone (    )
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly or annual pay Start                      Last
	State job Title(s) and describe Your Work	Reason for Leaving

<b>3</b>	Company Name	Telephone (    )
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly or annual pay Start                      Last
	State job Title(s) and describe Your Work	Reason for Leaving

<b>4</b>	Company Name	Telephone (    )
	Address	Employed (State month and year) From                      To
	Name of Supervisor	Weekly or annual pay Start                      Last
	State job Title(s) and describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____ <hr/>

PERSONAL REFERENCES	
Name	Contact Information (Address, City, State, Zip, Phone)
1.	
2.	

<b>Military</b>	Did you serve in the U. S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", in what Branch?/Rank?
Describe any training received relevant to the position for which you are applying.		
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The following information is supplied to prospective Association members and each new member signs a statement of faith compatible with these statements in order to join the society. **Prospective employees should read these carefully and answer the questions below.**

**CMDA Statement of Faith**

(While each of us hold fast to additional beliefs important to our relationship with God, the following statement outlines the tenets that provide a foundation for our fellowship and participation in the Christian Medical & Dental Associations.) I believe:

1. In the divine inspiration and final authority of the Bible as the Word of God;
2. In the eternal God revealed in Holy Scripture as Father, Son and Holy Spirit;
3. In the unique Deity of Jesus Christ, God's only Son, whose death and resurrection provide by grace through faith the only means of my salvation;
4. In the transforming presence and power of the Holy Spirit.

Our mission is to provide you with the resources and opportunities you need to grow in your faith and share your faith with others.

We want to help you carry out your responsibility as a Christian doctor to reach your professional - and beyond your profession – with the love of Jesus Christ.

That's why we focus on evangelism, discipleship, Christian resources, outreach ministries, and proclaiming truth. Building on a solid foundation laid in 1931, God is using CMDA to change lives and to change the face of health care – by changing the hearts of doctors.

Initial

I am in full sympathy with the stated aims, objectives, ethical stances, and values of this organization.

I will conduct myself at all times in a manner consistent with the Christian values of this ministry.

I agree to abide by the CMDA personnel handbook.

Exceptions/Comments:

<b>S I G N A T U R E</b>	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.
	<hr/> <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Signature</span> </div>