



Our History:

William Gonzaba, M.D. a local family practitioner who believed there was a strong need for change in the way healthcare was being delivered, founded Gonzaba Medical Group (GMG) in 1986. Dr. Gonzaba spent over a decade building GMG on the foundation that “the patient always comes first”.

Mission Statement:

To provide high quality patient care while demonstrating respect and dignity for all whom we serve.

Vision Statement:

Gonzaba Medical Group aspires to be recognized as the provider of choice for the communities that we serve and to become the leader in primary care and ancillary services.

Core Values:

- *Improving Patient’s Lives – We focus on the importance of treating each patient with compassion, respect and dignity by listening to their needs and providing superior medical care. Our employees remain committed to continually improving our service.*
- *Motivating Our People to Obtain Excellence – We strive to create a work environment where loyal, trusting employees are proud to be a part of a nurturing “como familia” (like family) atmosphere. We believe in Physician satisfaction and retention by supplying state of the art facilities and infrastructure that expedites patient care.*
- *We Care About Our Community – We recognize our responsibility to promote awareness and maintain the health and well being of the communities in which we live. We understand the social and economic diversities in our community and are sensitive to those issues.*



Please check location of preference:
 _____ Main Clinic – Pleasanton Rd
 _____ NW Clinic – Culebra Rd
 _____ Woodlawn Clinic – Bandera Rd
 _____ CoSA Center

Employment Application
Application must be in ink.

Instructions: Complete each section of this application fully and provide as much detail as possible. Gonzaba Medical Group is an Equal Opportunity Employer. Federal law prohibits discrimination in employment practices because of race, color, religion, sex, age, national origin, or disability. This employment application is not an employment contract.

Applicant Information

Full Name: _____ **Date:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ **E-mail Address:** _____

Date Available: _____ **Social Security Number:** _____ **Desired Salary:** _____

Position Applying For: _____
 If you are hired, you will then be required to provide proof that you are legally permitted to work in the United States or that you are a United States Citizen.

Status Preferred: Full-Time Part-Time Pool Temporary/Seasonal
Have you ever worked for Gonzaba Medical Group? If yes, which location?
 Yes No _____

Have you ever been convicted of, or have entered a plea of guilty or no contest or nolo contendere to a misdemeanor or felony offense? Yes No **If yes, please explain:** _____

(Answering yes to this question may not necessarily disqualify you from obtaining employment)

Education

High School: _____ **Address:** _____
Did you graduate: Yes No **Degree:** _____

College/University: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate:** Yes No **Degree:** _____

Other: _____ **Address:** _____

From: _____ **To:** _____ **Did you graduate:** Yes No **Degree:** _____

Other Credentials – Please list any certifications, licenses or registrations related to your position.

Name: _____ **Expiration Date:** _____

State/Organization: _____ **Number:** _____

Name: _____ **Expiration Date:** _____

State/Organization: _____ **Number:** _____

In what languages are you fluent?: _____

Has your professional license/registration ever been revoked?

In state of probation: YES/NO

Suspended: YES/NO

Revoked: YES/NO

If yes, please explain: _____

Previous Employment – List most recent employer first. Account for the last ten years, including periods of unemployment. Continue on a separate sheet if necessary.

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for leaving:** _____

May we contact your previous supervisor for a reference? Yes No

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for leaving:** _____

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** _____ **Ending Salary:** _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for leaving:** _____

Military Service

Branch: _____

From: _____ To: _____

Rank at Discharge: _____

Type of Discharge: _____

If other than honorable, explain: _____

How did you learn about us?

Referral Source: Please check one

Other: _____

School Posting

Walk-In

Employee Referral

Internet Site/Web Page

By whom: _____

Which site: _____

Completed Internship/Externship/School Rotation

Family/Friend

When and which location: _____

Job Fair/Recruitment Activity

Newspaper Advertisement

Previous Employee of Gonzaba Medical Group

Employment Agency/Search Firm

Specify: _____

Names of relatives employed with Gonzaba Medical Group: (please list the persons name, department and clinic location)

Applicants Acknowledgement and Agreement – Please Read Carefully.

I acknowledge that all the information provided by me in this application is true and complete, and I understand that any misstatement, falsification, or omission of information in this application, in my resume or other attached documents and any other supplemental information provided by me is grounds for refusal to hire, or if hired, termination regardless of when found.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability from any damages which may result from furnishing such information to you. Pursuant to the requirements of the Fair Credit Reporting Act, I have been notified that a consumer report may be made in connection with my application for employment or at any time after employment. If I am denied employment, either wholly or partly because of information contained in a consumer report, I have been notified that I am entitled to receive a copy of the report used to deny my employment. I authorize Gonzaba Medical Group to conduct an investigative consumer report on me.

I further acknowledge that if I am employed, my employment will be at-will, and may be terminated with or without cause at any time by me or by the employer. I understand that my employment relationship with GMG may be modified at any time without notice or cause and based on the needs of the organization, the following may be made mandatory: overtime, a rotating work schedule, or a change in the hours worked on a daily basis. I also understand that this employment application in no way constitutes an employment contract or agreement.

I understand that employment with Gonzaba Medical Group is contingent upon consent and successful completion and result of a drug test for illegal substances.

I agree to conform to the rules and regulations of Gonzaba Medical Group, Ltd. And also agree that my employment and compensation can be modified or terminated with or without cause, and with or without notice, at any time, at the option of either Gonzaba Medical Group Ltd. or myself. I further understand that although my employment is at-will, only the President/CEO or Executive Director has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either prior to commencement of employment or after I have been employed. If terminated, Gonzaba Medical Group is only liable for wages or salary earned as of the hours worked up to and prior to date of termination.

I have read and understand the above Applicant's Acknowledgement and Agreement.

Signature: _____

Date: _____



AUTHORIZATION AND RELEASE FOR BACKGROUND INVESTIGATION

To Whom It May Concern:

I, _____, hereby authorize 5D Investigations and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with Employer Flexible and any co-employer.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit reports under the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq (The Act), workers' compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references. I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institutions, or other persons having personal knowledge about me to furnish 5D Investigations with any and all information in their possession regarding me for the purpose of confirming the information contained on my application/resume and/or obtaining other information which may be material to my qualifications for employment. I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

I hereby release Employer Flexible and any co-employers and 5D Investigations, their officers, employees, and agents, from any and all liability arising from the results of any investigation and the preparation of any reports concerning myself or my background.

My signature below indicates I have carefully read and understand this notice and consent to the release of a consumer report or investigative consumer report for employment purposes either in connection with my job application, or in connection with any future decisions concerning my employment, promotion, reassignment, or retention as an employee. I understand my consent remains in effect until it has been revoked in writing. I also acknowledge by my signature below that I have received a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act". I certify that all information provided below and on my application/resume is correct. Any false statements provided in this form or on my application/resume will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, electronic, or copy form.

The following is my true and complete legal name and all information is true and correct.

Print Name: Last _____ First _____ Middle _____

Print Birth Name (if different from above) or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Address history (cities) for the past five years: _____

Date of Birth (for I.D. purposes only): ____/____/____ Social Security Number: ____ - ____ - ____

Driver License Number: _____ State of Issue: _____ Has your license ever been suspended? Yes No

If yes, why? _____

5D Investigations may need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: (_____) _____ - _____ Cell: (_____) _____ - _____

Applicant Signature _____ Date _____

Screening Requested – To be completed by employer

Screen Type: Criminal Background Employment MVR Credit Education
Jurisdiction: National State County

Requested by: (print) _____ Signature _____ Date _____

Employer Flexible HR _____ Client Company _____
Requesting Company

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identity theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer,

landlord, or other business. The FCRA specifies those with a valid need for access.

- You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, credit bureaus, and others not listed below	Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator - GIPS Washington, DC 20250 202-720-7051