

# COASTAL SPINE & PAIN, LLC

Interventional Pain Management

150 W. Peachtree Avenue • Foley, Alabama 36535

## EMPLOYMENT APPLICATION

Coastal Spine & Pain, LLC is an equal opportunity employer. All applicants will be considered without regard to race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or any other legally protected status.

### POSITION INFORMATION

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Available Start Date: \_\_\_\_\_ Referred By: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Are you legally authorized to work in the United States? Yes / No
- Will you require sponsorship for employment? Yes / No
- Are you 18 years of age or older? Yes / No
- Have you previously been employed by Coastal Spine & Pain? Yes / No  
If yes, when? \_\_\_\_\_

### EDUCATION

School / Institution	Location	Degree / Diploma	Graduated?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### PROFESSIONAL LICENSES / CERTIFICATIONS

License / Certification	Issuing Authority	Number	Expiration Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### EMPLOYMENT HISTORY (Most Recent First — Past 7 Years)

Current / Most Recent Employer

Company Name: \_\_\_\_\_ Your Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact? Yes / No: \_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_ Your Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact? Yes / No: \_\_\_\_\_

**Previous Employer**

Company Name: \_\_\_\_\_ Your Position/Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ From (Date): \_\_\_\_\_ To (Date): \_\_\_\_\_ Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May We Contact? Yes / No: \_\_\_\_\_

*Attach additional pages if you have more than three employers in the past 7 years.*

## PROFESSIONAL REFERENCES (3 Non-Relatives)

Full Name	Relationship	Phone Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## SKILLS AND QUALIFICATIONS

EMR / EHR Systems Used: \_\_\_\_\_

\_\_\_\_\_

Clinical Skills: \_\_\_\_\_

\_\_\_\_\_

Computer Skills / Software Proficiency: \_\_\_\_\_

\_\_\_\_\_

Languages Spoken: \_\_\_\_\_

\_\_\_\_\_

**Additional Skills, Training, or Qualifications Relevant to the Position:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AVAILABILITY

**Employment Type Desired:**

Full-Time  Part-Time  Per Diem  Temporary

	Monday	Tuesday	Wednesday	Thursday	Friday
Available?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICANT CERTIFICATION AND AGREEMENT

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false information, misrepresentation, or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later date.

I authorize Coastal Spine & Pain, LLC to investigate my background, including but not limited to criminal history, employment history, education verification, and professional license verification. I release Coastal Spine & Pain, LLC and all persons or organizations providing information from any liability arising from such investigation.

I understand that employment with Coastal Spine & Pain, LLC is at-will, meaning that either I or the Company may terminate the employment relationship at any time, with or without cause or notice. I understand that neither this application nor any subsequent offer of employment creates a contract of employment.

I understand that any offer of employment is contingent upon the successful completion of a background check, drug screening, reference verification, and proof of eligibility to work in the United States.

**Applicant  
Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

### **HOW TO SUBMIT YOUR APPLICATION**

Please submit your completed application by one of the following methods:

**Email:** [careers@coastal-spine.com](mailto:careers@coastal-spine.com)

**Mail:** Coastal Spine & Pain, LLC • Attn: Careers • 150 W. Peachtree Avenue • Foley, AL 36535

**In Person:** Hand-deliver to our office at 150 W. Peachtree Avenue, Foley, Alabama

*Attach a current resume and any supporting documentation (copies of licenses, certifications, etc.) when submitting your application.*

Coastal Spine & Pain, LLC is an equal opportunity employer. • This application is not a contract of employment. • All information is subject to verification.