



PRIMARY CARE ASSOCIATES, P.C.

APPLICATION OF EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is the intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on the application until you have answered all questions. Use blank paper if you do not have enough room on this form. Please print, except for the signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information. Please attach your resume to this application.

Job Applied For _____ Today's Date _____

Are you seeking: Full-time _____ Part-time _____ Temporary _____ Employment?

When could you start work? _____

Name _____ Phone Number _____

Address _____

Are you 18 years of age or older? Yes _____ No _____

(If you are hired, you may be required to submit proof of age.)

Social Security Number (optional) _____

Have you ever applied here before? Yes/When _____ No _____

Have you ever been employed with Primary Care Associates P.C.? Yes/When _____ No _____

Are you related to any current employees of Primary Care Associates, PC? Yes _____ No _____

If "Yes" to whom and what is your relationship? _____

Have you ever been convicted of any law violations? (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes _____ No _____

If "Yes" give details _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying are also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes _____ No _____

If "Yes" please explain _____

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EDUCATION

Please list name and address of schools, number of years completed, diploma/degree/certificates received.

High School or GED _____

Vocational or Technical _____

Undergraduate _____

Graduate _____

Subjects studied _____

SKILLS

What skills or additional training do you have that are related to the job for which you are applying?

What machines or equipment can you operate that are related to the job for which you are applying?

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by the Family and Medical Leave Act.) _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships that reveal race, color, religion, national origin, sex, age, disability or other protected status.)

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WORK HISTORY

List names of employers in consecutive order with present or last employer listed. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

*Please do not refer to see resume.

Current/Last Employer _____

Address _____

Phone _____ Supervisor _____

Employment Period (Begin/End) _____ Pay (Begin/End) _____

Title/Duties _____

Reason for Leaving _____

Former Employer _____

Address _____

Phone _____ Supervisor _____

Employment Period (Begin/End) _____ Pay (Begin/End) _____

Titles/Duties _____

Reason for Leaving _____

Former Employer _____

Address _____

Phone _____ Supervisor _____

Employment Period (Begin/End) _____ Pay (Begin/End) _____

Titles/Duties _____

Reason for Leaving _____

REFERENCES

Have you worked or attended school under any other names? Yes _____ No _____

If "Yes", give names _____

Are you presently employed? Yes _____ No _____

If "Yes" whom do you suggest we contact?

Name/Phone _____

Have you ever been fired from a job or asked to resign? Yes _____ No _____

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Give three references, no relatives or friends. Please include former employers, former educators or professional associates. Provide name, address, and telephone number.

FOR OFFICE USE ONLY

Date of Interview	Interviewed By	
Interviewers comments		
Start Date	Job Title	Location

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Applicant Name: _____ Last 4 of SSN: _____

AFFIDAVIT

I certify that all information provided in this employment application is true and complete. I understand that false information or omission may disqualify me from further consideration for employment and may result in dismissal if discovered at a later time.

I understand that the employer may request an investigative consumer report from a consumer-reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others.

I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer-reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I hereby authorize all person and entities to release to Primary Care Associates, P.C. any information requested to my prior employment or education. I will indemnify and hold the company harmless against any and all liability which might result from any such request to any person or entity.

I understand that any false answer of statement or implications made by me in the application or other required documents may result in denial of employment or discharge.

I consent to the company using my name and/or photograph, at all times hereafter, catalogues, booklets, publicity and advertising material, all in such a way as the company decides, and whether or not I am in the company's employ at the time of use.

I UNDERSTAND THAT MY EMPLOYMENT IS AT WILL OF THE COMPANY AND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED FOR ANY OR NO REASON, AT ANY TIME, WITH OR WITHOUT NOTICE, AT THE OPTION OR EITHER THE COMPANY OR MYSELF.

I understand that as a condition of employment, I may be required to submit to urine testing prior to employment and random testing thereafter in order to maintain a Drug Free Workforce and Workplace.

I have read, understand, and by signature consent to these statements.

Date _____ **Signature** _____

THIS APPLICATION WILL BE KEPT ON FILE FOR A MAXIMUM OF 30 DAYS

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