APPLICATION FOR EMPLOYMENT

NORTHSIDE URGENT CARE AND FAMILY MEDICINE

Position Desired: _____

( ) Full Time ( ) Part Time

Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite time period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that I will be required to submit to a drug screen, as a normal part of the employment procedure.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any Interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT.

_____ _____

Date *Signature of Applicant*

PERSONAL DATA

Name _____ *Social Security No.* _____

Present Address _____

Street *City* *State* *Zip*

How Long? _____

Previous Address _____

Street *City* *State* *Zip*

How Long? _____

Telephone No. _____ *Are you 18 yrs. of age or older? ( ) Yes ( ) No*

Have you ever worked for this Company before? ( ) Yes ( ) No

If yes, give dates and position _____

Do you have friends or relatives working here? ( ) Yes ( ) No

If yes, Name: _____ *Relationship:* _____

Have you ever been convicted of a felony? ( ) Yes ( ) No

If yes, please give date and details of each occurrence: _____

Note: Answering "YES" to this question does not constitute automatic bar to employment.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE _____				

Employer name, address, and phone number:
_____
Duties: _____
_____
Reason for leaving: _____
_____

	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE _____				

Employer name, address, and phone number:
_____
Duties: _____
_____
Reason for leaving: _____
_____

	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE _____				

Employer name, address, and phone number:
_____
Duties: _____
_____
Reason for leaving: _____
_____

	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE _____				

Employer name, address, and phone number:
_____
Duties: _____
_____
Reason for leaving: _____
_____

	FROM	TO	IMMEDIATE SUPERVISOR	LAST SALARY
JOB TITLE _____				

Employer name, address, and phone number:
_____
Duties: _____
_____
Reason for leaving: _____
_____

Please explain fully any gaps in your employment history: _____
_____

May we contact your current employer? ( ) Yes ( ) No If No, please explain _____
_____

EDUCATION

SCHOOL	*NAME & Address of School*	*Course of Study*	*Years Completed*	*Diploma/ Degree*
High School				
Undergraduate College				
Graduate/ Professional				
Other/ Specify				

PERSONAL REFERENCES

Please list persons who know you well – Not previous employers or relatives.

Name	*Occupation*	*Address (Street, City, State)*	*Telephone Number*	*How long Known?*

This application will be considered active for a maximum of Thirty (30) days. If you wish to be considered for employment after that time, it is necessary to re-apply.

I certify that all of the information that I have provided on this application is true and accurate.

_____ _____

Date *Signature of Applicant*