

Primary Care Solutions, Inc.

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

DOB _____ Are you a citizen of the United States of America? Yes No

Have you applied here before? Yes No When? _____ Position applied for? _____

Start When _____ Full time Part time Temporary Other _____

Availability to work Days or Nights

AM	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
PM							

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

Employer 1 _____
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Supervisors' Name _____
 Job Title _____ Reason for leaving _____
 Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Supervisors' Name _____
 Job Title _____ Reason for leaving _____
 Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Supervisors' Name _____
 Job Title _____ Reason for leaving _____
 Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EMPLOYMENT APPLICATION PART 2

EDUCATION

Schools/Colleges Attended: # Years Year Grad. Degree

Three horizontal lines for entering school information.

If you are offered and accept a job can you show proof of your legal right to work in the US? Y___ N___

Do you have a valid driver's license? Y___ N___

Do you hold any professional licenses? Y___ N___ Type: _____ No. _____ Exp. _____

Is your license currently under suspension? Y___ N___ Has it been suspended in the past two years? Y___ N___

Have you ever been convicted of a crime other than a minor traffic violation? Y___ N___ If yes explain _____

Are there any current charges against you that have not been resolved? Y___ N___ If yes explain _____

Have you ever been convicted of or do you have prior employment history of child abuse, client abuse, neglect, or mistreatment? Y___ N___ If yes explain _____

* Please note: Checking yes does not necessarily prevent your consideration for employment.

Drivers License # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military service? [] Yes [] No

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

For Personnel Department only

Remarks _____

Horizontal line for additional remarks.

Interview report by _____

I wish to order [] Credit Report [] DMV Records [] Reference Verification [] Criminal Records