



APPLICATION FOR EMPLOYMENT

What position are you applying for? (circle one)

Front Desk	Medical Assistant	X-Ray Technician	Nursing
Physician Assistant	Nurse Practitioner	Billing	Other

Tell us about yourself:

Name _____

Address _____

Telephone Number _____ Email _____

Social Security # _____ Drivers License # _____ State _____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. All offers of employment are subject to verification of the applicant's identity and employment authorization. It will be necessary to submit such documents as are required by law to verify your identification and employment authorization upon employment.

Are you authorized to work in the U.S. on an unrestricted basis?	_____ Yes	_____ No
Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?	_____ Yes	_____ No
Can you perform these essential functions with or without reasonable Accommodation?	_____ Yes	_____ No

Date available to start: _____

Desired wage or salary: _____

Are you willing to work overtime if required? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No

*Conviction will not necessarily disqualify an applicant for employment.
If yes, please state nature of offense, dates, and disposition on a separate paper.*

Education and Training:

Highest Level of Education Attained (circle one) 12 13 14 15 16 16+

List any degrees you have obtained: _____

Certifications / Licenses: _____

Professional References:

Name	Dates Known	Relationship	Telephone #
1.			
2.			

Work History

May we contact your present employer? _____ Yes _____ No

A. Most Recent Employer:		Position:
How Long?	Supervisor:	Telephone:
Address:	City	State: Zip:
Reason for Leaving:		Salary:

B. Past Employer:		Position:
How Long?	Supervisor:	Telephone:
Address:	City	State: Zip:
Reason for Leaving:		Salary:

Applicant's Certification and Agreement

The information that I have provided on this application for employment is true and complete to the best of my knowledge. I understand that any false statements, omissions or misstatements can be justification for refusal of employment, or if employed, result in termination of employment.

I authorize this urgent care center to make an investigation of any of the facts set forth in this application, including obtaining a consumer report that includes credit and criminal history, and release from any liability both the urgent care center and those who supply reference information and/or verification.

I understand and agree that this urgent care center reserves the right to establish and change any of the terms and conditions of my employment at its discretion at any time, as it deems appropriate.

I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening or medical examination at any time at the request of this urgent care center. I hereby consent to having the results of any alcohol or drug screening or medical examination I may be required to undergo disclosed to the urgent care center's owners or managers.

I authorize this urgent care center to release any and all information about myself, my employment record, or my employment status to any individual or organization the urgent care center deems worthy of receiving such information. Also, I release all parties from all liability for any damages that may result from furnishing this information.

I certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions of this authorization, certification, and agreement.

I HAVE READ THE ABOVE STATEMENTS BEFORE SIGNING:

Applicant's Name (Print): _____

Applicant's Signature: _____ **Date:** _____