



APPLICATION FOR EMPLOYMENT

Medical Group Answer each question fully and accurately, to the best of your ability. Use blank paper if you do not have enough room on the application. All information given is held in strict confidence. This application is current for sixty (60) days, at which time, if you have not received a reply from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

PLEASE PRINT

Name (Print): _____ Today's Date: _____
Last First Initial

Present Address: _____ Tel. No. _____
No. Street City State Zip Day Evening

Job Applied For: _____ When are you available for employment? _____

Have you applied for a job with Primary Health Medical Group in the past? If so, what position? _____
 When? _____ Which location? _____

How were you referred to Primary Health Medical Group Newspaper: _____ Internet: _____
 Other: _____ Referred by employee (please name): _____

RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer		Address		Telephone	Type of Business & Position Held
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties, skills used or learned, advancements or promotions					

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

2. Name of Next Previous Employer		Address		Telephone	Type of Business & Position Held
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties, skills used or learned, advancements or promotions					

3. Name of Next Previous Employer		Address		Telephone	Type of Business & Position Held
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties, skills used or learned, advancements or promotions					

4. Name of Next Previous Employer		Address		Telephone	Type of Business & Position Held
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties, skills used or learned, advancements or promotions					

Please list any additional full-time jobs you have held in the last 10 years with dates of employment.

Ex: Primary Health: Radiological Technologist, 1999

Are you seeking: Full-time Part-time Temporary On-call Float Pool/Casual

Have you ever been convicted of a felony? YES NO

If yes, please explain: _____

Are you over 18 years of age? YES NO

Are you a citizen of the United States or do you have a valid work permit? YES NO

(Federal law requires proof of identity and employment authorization for all new employees.)

For Driving Job Only: Do you have a valid driver's license? YES NO License #: _____ State Issued _____

EDUCATION (circle last year completed)					SCHOOL NAME	MAJOR SUBJECTS
High School	1	2	3	4		
College	1	2	3	4		
Other (Business, Vocational, Military)						

License / Certifications held:	License/Certification	State	Exp. Date

My signature below certifies that all information in this application is correct to the best of my knowledge and belief and that I understand that intentional misstatements may result in refusal of employment or termination of employment if discovered after date of hire. I also authorize the employers, schools, or persons named above to provide information regarding my employment, education, character and qualifications. My signature also certifies that I understand that Primary Health Medical Group has not hereby extended an offer of employment.

Signature _____ Date _____