



EMPLOYMENT APPLICATION

PrimaCare is an Equal Opportunity Employer

PLEASE PRINT

Date:	Position Applied For:	Salary Desired:
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How did you learn about the company? (circle one & indicate specific source on provided line)

Advertisement _____	Friend _____	Walk-in
Recruiting Firm _____	Current Employee _____	Other: _____

Last Name	First Name	Middle Name
Address: Number Street		City State Zip Code
Telephone Number(s) where we can contact you: Home: () ()		E-Mail Address
		Cell: () ()

What is your availability?

Full Time Part Time Float PRN Other

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever applied with the company before? Yes No
 If yes, please give date: _____

Have you ever been employed with the company before? Yes No
 If yes, please give date: _____

Have you ever been convicted, or pled guilty or no contest to a crime or violation other than a minor traffic infraction? **Important:** For purposes of employment with PrimaMed P.A., “convictions” include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

Yes

No

(A conviction will not necessarily exclude you from being considered for employment. Factors such as job relations, age at time of the offense, nature and seriousness of violation and rehabilitation will be taken into account). If yes, please explain: _____

Are you currently employed? Yes No

May we contact your present employer for references? Yes No

Are you legally qualified to work in the United States? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

On what date would you be available for work? _____

EDUCATION

	School	Location City State	Graduated	Completed Diploma, Degree or Certificate	Major/ Minor
High School/ GED					
College/ University					
Graduate School					

Skills Inventory (please list any skills you may have which relate to the position for which you are applying, include Military training where applicable) _____

<p>List professional license or membership (You may exclude memberships which may reveal sex, race, religion, national origin, age or disability or other protected status):</p> <p>Type of License(s): _____</p> <p>State of License(s) : _____</p> <p>License(s) expiration date: _____</p> <p>Other Professional Memberships (You may exclude memberships which may reveal sex, race, religion, national origin, age or disability or other protected status): _____</p>

REFERENCES

Give name, address, and phone number of three business references who are not related to you.

1. _____
 2. _____
 3. _____

Please complete the following Employment section even if Resume is attached.
EMPLOYMENT EXPERIENCE-Start with present or most recent position, including Military

1. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	End	
	\$	\$	
Supervisor			
Reason For Leaving			
2. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	End	
	\$	\$	
Supervisor			
Reason For Leaving			
3. Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)	Base Pay		
Job Title	Start	End	
	\$	\$	
Supervisor			
Reason For Leaving			

If you need additional space, please continue on a separate sheet of paper.

NOTIFICATION AND AGREEMENT

PRIMACARE MEDICAL CENTERS

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the employee may resign at any time. and the employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time at the opinion of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the company, at any time, can constitute a contract of employment. I understand that the company and all plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the Chief Executive Officer or Executive Director, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statement and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE _____ DATE _____

PRINT NAME _____

DISCLOSURE TO EMPLOYMENT APPLICATION

This is to notify you that as a condition of consideration for employment, or as a condition of continued employment, PrimaCare Medical Centers may obtain a Consumer Report and/or Investigative Consumer Report on you.

By signing the release below, I hereby authorize PrimaCare to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, federal courts, and military services to request release of information about my background including but not limited to, employment, education, consumer credit history, driving record, criminal record, and general public records history to PrimaCare.

I release from all liability all persons, companies and schools supplying such information. I indemnify PrimaCare against any liability, which may result from making such requests. This release shall remain in effect for the length of my employment. I understand and I may have a right to request additional disclosures regarding the nature and scope of the investigation. I also understand that I will be given a copy of the consumer report and a written description of my rights under the Fair Credit Reporting Act.

I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Print Name: _____ Date: _____

Signature of Applicant: _____

Social Security Number: _____ Driver License Number/State: _____

(Please print) Other names used: _____

PLEASE LIST CITY, COUNTY AND STATE LIVED IN FOR THE LAST 7 YEARS:

Address: _____
City County State Dates

Address: _____
City County State Dates

Address: _____
City County State Dates

Address: _____
City County State Dates

Let us know where you would like to work. Please check the geographic area(s) of preference.

<input type="checkbox"/> Cedar Hill	642 Uptown Blvd @ FM 1382
<input type="checkbox"/> Frisco	7227 Preston Rd @ Stonebrook Pkwy
<input type="checkbox"/> Lakewood	6350 E. Mockingbird @ Abrams
<input type="checkbox"/> Lewisville	540 Surf St. @ Main
<input type="checkbox"/> McKinney	1920 Eldorado Parkway @ IH-75
<input type="checkbox"/> Mesquite	1280 Town East Blvd. @ Independence
<input type="checkbox"/> North Dallas	7910 Beltline @ Coit
<input type="checkbox"/> North Richardson	1810 N. Plano Rd. @ Campbell
<input type="checkbox"/> Northwest Dallas	11888 Marsh Lane @ Forest
<input type="checkbox"/> Plano	3304 Alma @ Parker Rd
<input type="checkbox"/> West Plano	5076 Plano Pkwy @ Preston Rd
<input type="checkbox"/> Central Billing Office	11910 Greenville Ave. @ Forest Lane
<input type="checkbox"/> Corporate Office	11910 Greenville Ave. @ Forest Lane

Please list days and times you are available for work. (Note: PrimaCare is open from 8am-9pm Monday-Friday, and 8am-5pm, Saturday and Sunday including Holidays).

<input type="checkbox"/> Monday	Available Hours: _____ to _____
<input type="checkbox"/> Tuesday	Available Hours: _____ to _____
<input type="checkbox"/> Wednesday	Available Hours: _____ to _____
<input type="checkbox"/> Thursday	Available Hours: _____ to _____
<input type="checkbox"/> Friday	Available Hours: _____ to _____
<input type="checkbox"/> Saturday	Available Hours: _____ to _____
<input type="checkbox"/> Sunday	Available Hours: _____ to _____