

CAR LINA FAMILY MEDICINE & URGENT CARE

1503 E. Broad Street ♦ Statesville, NC 28625

Phone 704 871-9731 ♦ Fax 704 871-1105

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PERSONAL:

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Telephone: _____ Social Security Number: _____

Please Circle Yes or No from the questions listed below:

Yes No If under 18 years of age, can you provide proof of eligibility to work?

Yes No Are you legally eligible to work in the United States?
If hired, you will be required to produce proof of eligibility to work in the United States, in accordance with the Immigration Reform and Control Act of 1986.

Yes No Have you ever been convicted of a crime (other than a traffic violation)?
Conviction will not necessarily disqualify you from employment.
If yes describe in full _____

Yes No Have you ever applied to us before?
If yes, when? _____

Yes No Have you ever been employed with us before?
If yes, when? _____

Yes No Are you able to perform the essential functions of the job for which you are applying either without accommodations or with a reasonable amount of accommodation?

GENERAL:

Position applied for: _____ Salary expected: \$ _____

Availability:

Full Time: _____ Part Time: _____
Specify hours and/or days: Days: _____
Hours: _____

On what date would you be available for work? _____

How did you find out about our office? _____

EDUCATION:

High School: _____
(Name) (Number of years) (Diploma or Degree)

Trade/Professional School: _____
(Name) (Number of years) (Diploma or Degree)

College/ University: _____
(Name) (Number of years) (Diploma or Degree)

Graduate School: _____
(Name) (Number of years) (Diploma or Degree)

SPECIALIZED TRAINING, APPRENTICESHIP, EXTRACURRICULAR ACTIVITIES:

Yes No Do you have a license, certificate, or type of professional registration?
If yes, what? _____
License, certificate or registration number _____

FOREIGN LANGUAGES:

Yes No Do you speak any foreign languages?
If yes, Which ones? _____
Please circle one of the following: Fluent Good Fair
Please circle all that apply: Speak Read Write

If more than one? _____
Please circle one of the following: Fluent Good Fair
Please circle all that apply: Speak Read Write

MILITARY HISTORY:

Yes No Have you ever served in the US military services?
If so, what branch? _____
Briefly describe service duties: _____

WORK HISTORY:

Current Employer: _____ Address: _____ Phone: _____ Job Title: _____ Describe Job Duties: _____ _____ Supervisor: _____ May we contact your current employer? Yes No	Dates Employed From: _____ To: _____ Hourly Rate/Salary Starting: Final:
Employer: _____ Address: _____ Phone: _____ Job Title: _____ Describe Job Duties: _____ _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From: _____ To: _____ Hourly Rate/Salary Starting: Final:
Employer: _____ Address: _____ Phone: _____ Job Title: _____ Describe Job Duties: _____ _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From: _____ To: _____ Hourly Rate/Salary Starting: Final:
Employer: _____ Address: _____ Phone: _____ Job Title: _____ Describe Job Duties: _____ _____ Supervisor: _____ Reason for Leaving: _____	Dates Employed From: _____ To: _____ Hourly Rate/Salary Starting: Final:

REFERENCES: (Providing this information means that you give this organization permission to contact the reference listed. Do not list relatives.)

1. _____
(Name) (Address) (Phone #)

2. _____
(Name) (Address) (Phone #)

3. _____
(Name) (Address) (Phone #)

As part of the hiring process, you should know that we will be checking your references. We may contact those persons whom you have identified to us as potential references. In addition, we reserve the right to contact other references that you have not listed. When we contact a reference, we ask a series of questions. They are about your personal background, education, work experience, character, personality, or personal habits.

I have read the above paragraph and fully understand it. I hereby voluntarily consent to allow Carolina Family Medicine & Urgent Care or any of its officers, employees, agents, or designees, to check my references by contacting any person whom they deem to be an appropriate reference. The Carolina Family Medicine & Urgent Care representatives may ask any questions they consider relevant to their hiring decision, including questions about my personal background, education, work experience, character, personality, and personal habits.

Signed _____ Date _____

APPLICANT'S ACKNOWLEDGMENT:

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also if employed, I am required to abide by all rules and regulations of the employer. I understand 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. I understand that, if employed, my employment would be for no defined period of time and if terminated, Carolina Family Medicine & Urgent Care is liable only for wages and benefits earned as of the date of termination.

Note: You will be considered an applicant for the jobs you list in this application in which an opening exists and for which you meet basic qualifications. Applicants will be considered for job openings for a period of ninety (90) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I have read and fully understand the above information.

Signature of applicant

Date

*******DO NOT WRITE BELOW THIS LINE, OFFICE USE ONLY*******

Yes No Arrange Interview?

Remarks: _____

If employed, start date: _____ Hourly Rate/Salary: _____

Department/Location: _____

Job Title: _____