



Primary Care Partners, Inc. (PCP, Inc.) is an Equal Opportunity Employer. PCP, Inc. does not unlawfully discriminate on the basis of race, color, sex, gender, sexual orientation, national origin, ancestry, religion, creed, age, physical or mental disability, genetic information, veteran or military status, or other protected status.

Position(s) Applied For		Salary Desired	Date of Application	
How Did You Learn About Primary Care Partners, PC?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Friend		<input type="checkbox"/> Walk-in
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Relative		<input type="checkbox"/> Other
Last Name		First Name		Middle Name
Address		City	State	Zip Code
Telephone Number(s) Home		Work	Email Address	

If you are under 19 years of age, please state your date of birth:

Have you ever filed an application with us before? Yes No

If yes, give date

Have you ever been employed with us before? Yes No

If yes, give date

Are you currently employed? Yes No

If yes, may we contact your present employer? Yes No

Are you a U.S. citizen or an alien lawfully authorized to work in the U.S.? Yes No

Proof of right to work in the U.S. will be required upon employment in accordance with the 1986 Immigration Reform and Control Act.

On what date would you be available for work?

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Professional License: Current License: # State Issued:

All applicants, please check Secretarial, Clerical, and Office Skills:

Can you type? Yes No Speed (WPM)



Run 10 Key Adding Machine? Yes No

Do You Know Medical Terminology? Yes No

List Other Secretarial, Clerical or Accounting Skills:

Computer Experience Yes No

Within the past 30 days, have you used marijuana, cocaine, any narcotics, amphetamines, barbiturates, or other controlled substances, that were not prescribed to you by a physician or taken in accordance with your physician's prescription? Yes No

Education

	Elementary School	High School	Undergraduate/ Professional	Graduate/ Professional
School Name and Location				
Years Completed	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Diploma/Degree				
Describe Course of Study				

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

Describe any honors you have received.

State any additional information you feel may be helpful to us in considering your application.

Indicate any foreign languages you can speak, read and/or write.

	Fluent	Good	Fair
Speak			
Read			
Write			



List professional, trade, business or civic activities and offices held that may enhance your qualifications for this employment opportunity. You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, disability, political party, or other protected status.

References

Give name, address and telephone number of three employment references (previous employers, supervisors, co-workers, etc.) Identify any other name/or alias by which you may be known to the reference. Name/Alias:

	Employment Reference Name	Address	Phone Number	Work Relationship
1.				
2.				
3.				

Acknowledgment of job requirement:

I affirm that I have received and read a copy of the job description(s) for the above job(s) that I seek. I understand the qualifications and essential job functions required for such job(s). I state that:

(a) I meet all required qualifications. Yes No

If "No" what qualifications do you lack?

(b) I can perform the essential job functions with or without reasonable accommodation. Yes No

Complete Employment History

Fill out completely. Please do not leave gaps in your employment history. List all jobs regardless of length of employment. Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude volunteer activities that indicate race, color, religion, gender, national origin, disability, political party, or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number(s)			
Job Title			
			Supervisor



Was your last evaluation "satisfactory" or above? <input type="checkbox"/> Yes <input type="checkbox"/> No. If "No", what deficiencies were cited?		
Was your termination a voluntary quit <input type="checkbox"/> involuntary quit <input type="checkbox"/> lay-off <input type="checkbox"/> Or discharge? <input type="checkbox"/> Your reason for voluntary quit: Reason employer gave you for involuntary termination:		Reason employer gave you for involuntary quit or termination?
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	From	To
Address		
Telephone Number(s)		
Job Title	Supervisor	
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Special Skills and Qualifications

Summarize special job-related skills and qualification acquired from employment or other experience.
If you need additional space, please continue on a separate sheet of paper.



**More Important Information
Regarding the Hiring Process and
Employment Relationship**

Employment-At-Will. I understand that all employment for Employer is “at-will” meaning that either the Employer or I can terminate the employment relationship at any time with or without just cause and with or without prior notice. I understand that this condition of employment cannot be changed by verbal representations or by written representations made by any person other than the Board of Primary Care Partners, Inc.

Misrepresentations. I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge (as is all the supplemental information submitted in conjunction with this Application). I understand that any misstatement or omission of fact on this Application or in any supplemental information may result in my not being hired, or if employed, my termination.

Authorization of Investigation. I authorize investigation of all statements contained in this Application, including but not limited to investigation of my past employment, educational background, personal references, driving record, and criminal record. I release Employer and Employer’s representatives from all claims and liability to me for any damages I may suffer as a result of such investigation, including but not limited to claims of invasion of privacy, negligence, or other tort claims, contract claims, or claims based on equitable theories. I will submit to and pass any drug test required by Employer as a condition of employment.

Name (Please Print)

Date

Signature of Applicant

In case of Emergency Notify

Relationship

Address

Phone
