



AN EQUAL OPPORTUNITY EMPLOYER
Application for Employment

Today's Date: _____
 Last four digits of Social Security No.: _____

Federal and/or state law prohibits discrimination because of age, sex, color, creed, race national origin, religion, marital status, veteran or disability. Please refer to appropriate code list where coed entries are required. Please answer all questions on this application as completely as possible so we can evaluate it properly. This application may be accompanied by a resume.

Personal Data

First Name	Middle initial	Last Name	Current phone number	Email Address
Current Address		City	State	Zip code
Mailing address if different from above		City	State	Zip code
Only U.S. Citizen Aliens who have legal right to work and remain permanently in the U.S. or Aliens who qualify as "intending citizens" under the immigrating reform and control act of 1986 are eligible for employment.	Are you a citizen if the United States? Yes <input type="radio"/> No <input type="radio"/>	If "No" What is your visa category status? _____ Alien registration number		
Position Preferences ~ Please describe the type of work that you would like to do and for which you are best qualified.				
Salary Desired (Express as an annual amount)			Date available for work	
Have you ever been convicted of a felony or a misdemeanor? If yes, please use an additional sheet to explain each conviction?				

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PRIMARY CARE Solutions

EDUCATION

Highest Level of education completed	College	Graduate School
1 2 3 4 5 6 7 8 9 10 11 12 GED	1 2 3 4	1 2 3 4

School	Location	Attendance dates	Did you Graduate?	Type of Degree or Diploma	Major	Minor
High School or GED						
College or University						
Graduate or Professional School						
Vocation or Technical School						

Please list specific courses, workshops or training you have that are related to the position in which you are applying.

General Information

Are you 18 years or older? Yes O or No O	Have you ever applied for a position at PCS before? Yes Or No If yes when.
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Are you related/married to any current or previous employee? If yes, whom?

How were you referred to PCS	1	2	3	4	5	6	7
	By your College	Employment Agency	By an Employee	Walk-In	Retired	Advertis-ment	State Employment

Have you ever worked under any other name? Yes O No O (required for verifying education, work records and references)

Are you a Veteran? Yes O No O If yes please list the dates of services:

Employment References

Name	Years Known	Organization Position	Home/Business Address	Home/ Business Phone

I hereby give Primary Care Solutions permission to contact any employers listed on the previous page before any relevant information.

Signature of Applicant	Date
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Employer	Type of Organization	Address
Job title	Supervisor	Phone Number
Date Employed (Month /Yr)	Starting Salary \$ _____ per	Reason for leaving:
Date Separated (mo/yr)	Ending Salary \$ _____ per	

Job Duties (be specific)

Employer	Type of Organization	Address
Job title	Supervisor	Phone Number
Date Employed (Month /Yr)	Starting Salary \$ _____ per	Reason for leaving:
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Job Duties (be specific)		

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Employment References

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Signature of Applicant

Date

Certification

I hereby certify that to the best of my knowledge, the information that I have given in this application is accurate and complete. I understand that incorrect or misleading information may result in termination of this application and discharge from PCS employment, if employed.

I have given PCS permission to verify all information I have provided about my education, past employment and activities. I authorize schools, past and current employers (that I approved in the employment section) to release any relevant information.

If employed by PCS I will sign a Disclosure Agreement, in which I agree to protect PCS, the entire right, title and interest in certain ideas, inventions and other proprietary/ confidential property developed and/or with PCS, time, money, materials and personnel while in PCS employment. (I understand that I may obtain now or at any time before my employment based upon request a blank copy of this agreement.) I agree to submit proof of eligibility to work in the U.S.

In consideration for employment, I agree that at any time my employment and compensation can be terminated, with or without cause, by PCS or myself with or without notice.

Signature of Applicant

Date

If hired, your signature attests that the medical record entries you will make accurately reflects your professional signature. Additionally, you understand that any falsification, omission, or concealment of material fact may subject you to administrative, civil, or criminal liability as it pertains to the services and documentation provided.

Date of Signature	Printed (Typed) Name	Actual Signature (with credentials

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