

APPLICATION FOR EMPLOYMENT

Date: _____ For what position are you applying? _____

Last Name		First Name		Middle Name	
Email address		Home Phone		Cell Phone	
Street Address			City		State
					Zip Code
SOCIAL SECURITY NUMBER		NPI Number	GA Medical License #		Certification Number
Are You at least 18 years old?		Yes or No ___	Are you authorized to work in the U.S.?		Yes or No ___
Have use used an electronic health record?		Yes or No ___	Do you have prior clinical experience?		Yes or No ___
Do you have EKG training and experience?		Yes or No ___	Do you have prior front desk experience?		Yes or No ___
Do you have experience with PFT or Spyro?		Yes or No ___	Do you have prior billing experience?		Yes or No ___
Do you have experience with X-Ray?		Yes or No ___	Do you have experience with Greenway?		Yes or No ___
<i>List all certifications (related to this application) that you hold or have held along with the date they were issued and expire (d).</i>					

EDUCATION: List all formal training and education you have received.

College Attended:		Area of Study		Degree	
College Attended:		Area of Study		Degree	
High School Attended:		Area of Study		Degree	
Other Courses of Study					
Other Courses of Study					

Prior Employment: List all employers over the last 7 years including self employment and document any period of unemployment:

Employer	Job Title	Start Date	End Date
Job duties		Supervisor	Ok to Call ()Yes ()No
Employer	Job Title	Start Date	End Date
Job duties		Supervisor	Ok to Call ()Yes ()No
Employer	Job Title	Start Date	End Date
Job duties		Supervisor	Ok to Call ()Yes ()No

GENERAL INFORMATION

Considering your medical, physical and mental status, Can you fulfill the job duties and responsibilities of the position for which you are applying with or without a "reasonable" accommodation? Yes or No ____

Can you work hours required of the position for which you are applying? Yes or No ____

If applicable, do you have the required license(s) to perform the job? Yes or No ____

Have you completed all Hepatitis vaccination requirements? Yes or No ____

Do you **illegally use** drugs? Yes or No ____

Are you using **prescription drugs** that alter your ability to work? Yes or No ____

Do you smoke cigarettes? Yes or No ____

Have you ever been convicted of a crime other than a traffic violation? Yes or No ____

If yes, please attach explanation. (Note: A conviction does not necessarily bar employment)

Have you ever been implicated in a theft from a prior employer? Yes or No ____

Are you currently being paid Unemployment Benefits? Yes or No ____

Can your vacations be arranged at the practice's convenience? Yes or No ____ If no, please explain: _____

Have you ever been paid Workers Compensation Benefits? Yes or No ____ If Yes, explain _____

Date available to start _____ Salary requirements: \$ _____/hour or \$ _____/Year

Benefit requirements: _____

Please indicate your availability to work: [] Days [] Evenings _____ Days/wk _____ Hrs/wk Hours from _____ to _____

Circle the days of the week you will NOT be available to work: Mon Tue Wed Thu Fri Sat Sun

Check computer programs that you have used: Word ____ Excel ____ QuickBooks ____ Publisher ____ PowerPoint ____

Please explain what you as an employee of a medical practice see as most important:

EMPLOYMENT / WORK EXPERIENCE

During the last 7 years of employment have you ever been terminated? Yes or No ____

If yes explain _____

Why did you quit your last job? _____

Rate of Pay: Starting and Ending pay rate at your current or last employer: _____

May we contact this employer: Yes or No ____

Name of employer: _____

Phone: _____ Average # of hours worked per week: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ THE FOLLOWING AND SIGN BELOW

GENERAL AGREEMENT

If hired, I will provide legal proof of identity and authority to work in the United States. I agree to conform to the rules and standards of the practice, as amended from time to time at the employer's discretion. I understand that any misrepresentation, falsification, or omission of material information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment. I understand that dismissal from employment may result in you being barred from recovering unemployment benefits. I hereby certify that the information contained in this application form is true and correct to the best of my knowledge.

EMPLOYMENT RELATIONSHIP

If hired, I understand that employment with the practice is not for a specified term and can be terminated "At Will", with or without cause, and with or without notice, at any time, either at the option of the employee or the employer. No employee or representative of the practice, other than its owners, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the employer may not alter the "At-Will" nature of the employment relationship unless it is done specifically in writing and is signed by the employer. I agree that this constitutes a final and fully binding agreement with respect to the "At-Will" nature of my employment relationship. There are no oral or collateral agreements regarding this issue.

AUTHORIZATION OF REFERENCE AND BACKGROUND CHECKING

All offers of employment are conditioned upon receipt of satisfactory responses to reference requests and background inquires and exams. Unless I have otherwise indicated above, I authorize the references listed, as well as all other individuals who may be contacted, to provide any and all information concerning my previous employment, background, and any other pertinent information that they may have. Additionally, contingent upon a conditional offer of employment and as part of screening for the position for which I am applying, if required, I agree to take a physical exam, drug test, and/or authorize a background check which may include a review of criminal convictions, driving record and credit history. Further, I release all parties and persons from all liability for any damages that may result for furnishing the practice with such information as well as from the use or disclosure of such information by the employer or any of its agents, employees or representatives.

[] I hereby waive my right to receive a copy of any public record(s) obtained from the prospective employer checking references.

Applicants Full Name Printed: _____ SSN: _____ - _____ - _____

Applicant's signature: _____ Date: _____

Note: This Application for Employment was prepared for general use. Primary Care Group of West Georgia, PC seeks only to obtain information that is instrumental in hiring the best employee for any available position. There is no intention of the company to include any questions that may violate Federal, State, or local laws. If you feel any question violates your rights please indicate below.