



APPLICATION FOR EMPLOYMENT

In order for you to be considered for employment, this application must be **COMPLETELY** filled out.

This application is provided by Medicus Urgent Care This application complies with federal and state laws against discrimination. All statements made by the applicants for employment on this application form will be checked for accuracy.

(PLEASE PRINT)

APPLICANT INFORMATION					
Last Name:	First Name:	Middle Initial:	DOB:		
Address (Street Number and Name):	Apt. Number:	City:	State:	Zip:	
Social Security No:	Driver's License Number:	State of issue:	Are you 18 years of age or older? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Daytime Telephone:	Mobile Telephone:		E-mail Address:		

EMPLOYMENT ELIGIBILITY	
Are you a United States citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you an alien authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

EMPLOYMENT DESIRED		
Position(s) applied for:	Employment Desired: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> CONTINGENT <input type="checkbox"/> INTERNSHIP	
What date can you start:	Desired hourly rate of pay? \$ _____ hourly	Are there any day/hours you <u>cannot</u> work? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, specify: _____

EDUCATION				
Type of School	Institution Name (Include City & State)	Years Completed	Major	Degree/Certificate Received
High School				<input type="checkbox"/> Diploma/GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____
College				<input type="checkbox"/> Diploma/GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____
Other				<input type="checkbox"/> Diploma/GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other: _____

LICENSES AND CERTIFICATIONS – PLEASE INCLUDE ALL CLINICALS/PROFESSIONAL LICENSE AND CERTIFICATIONS			
Type of License / Certificate	State Issued	License / Certificate	Expiration (Mo/Yr)

OTHER
Have you ever plead no contest or guilty to, or been convicted of any crime, felony or misdemeanor, or do you currently have a felony charge pending against you? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you currently have any criminal charges pending? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide date(s) and details: _____ _____ _____

Applicant's Last Name:	Applicant's First Name:
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PREVIOUS EMPLOYMENT HISTORY (LIST MOST RECENT EMPLOYMENT FIRST & EXPLAIN ANY GAPS IN EMPLOYMENT HISTORY)

Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

Current or Last Employer:	Your title:
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Address:	From (mo/yr):	To (mo/yr):
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City:	State:	Zip Code:	Hours per week:	Hourly Pay: \$
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Your Supervisor's Name and Title:	Your Supervisor's Phone Number:
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Reason for Leaving - Explain in detail. Failure to complete may result in disqualification from employment consideration.

DESCRIBE IN DETAIL YOUR JOB DUTIES

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Employer:	Your title:
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Address:	From (mo/yr):	To (mo/yr):
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City:	State:	Zip Code:	Hours per week:	Hourly Pay: \$
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Your Supervisor's Name and Title:	Your Supervisor's Phone Number:
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Reason for Leaving - Explain in detail. Failure to complete may result in disqualification from employment consideration.

DESCRIBE IN DETAIL YOUR JOB DUTIES

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Employer:	Your title:
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Address:	From (mo/yr):	To (mo/yr):
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City:	State:	Zip Code:	Hours per week:	Hourly Pay: \$
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Your Supervisor's Name and Title:	Your Supervisor's Phone Number:
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Reason for Leaving - Explain in detail. Failure to complete may result in disqualification from employment consideration.

DESCRIBE IN DETAIL YOUR JOB DUTIES

ATTACH EXTRA SHEETS IF NECESSARY TO COVER THE LAST FIVE (5) YEARS OF EMPLOYMENT

Applicant's Last Name:	Applicant's First Name:
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AUTHORIZATION FOR RELEASE REFERENCE INFORMATION

I authorize Medicus Urgent Care to investigate all references and to secure reference check information about me in order to arrive at a hiring decision. I also authorize all persons, institutions, organizations and companies to furnish any and all information sought and I waive any legal requirement to provide notice to me regarding reports, records or information given or received in accordance with this authorization. I hereby release and hold harmless Medicus Urgent Care its agents, employees, and assigns from any claim of liability I may have against it and/or them for decisions, even if adverse, arising out of information received in response to the reference check. I authorize any person or entity to which this reference check is presented to release any information required therein to Medicus Urgent Care its agents, employees, or assigns. I further agree to hold harmless any person or entity from any claims of liability I may have against him/her/it for the release of such information, and waive and release any such claims.

I give Medicus Urgent Care permission to contact my current employer for a reference. YES NO

I give **Medicus Urgent Care** permission to contact my past employers as shown on my job application and those listed below for employment references. YES NO

Failure to authorize contact may exclude you from being considered for employment.

WORK REFERENCES: (List Three (3) PROFESSIONAL WORK ONLY REFERENCES)

Company Name	Address	Telephone Number	Person to Contact

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application or accompanying resume, letter of reference or other document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application or accompanying resume, letter of reference or other document will be cause for my dismissal at any time without prior notice. I hereby authorize investigation of all statements contained in this application. I agree to immediately notify Medicus Urgent Care during my period of employment, if hired, of any potential, pending or future criminal convictions, guilty pleas or no contest (nolo contendere) pleas or similar issues. If driving is a condition of my employment, I agree to immediately notify Medicus Urgent Care if my driver's license is suspended or revoked. I understand that if employed it is not for a definite period of time and that either the undersigned or **Medicus Urgent Care** may end the employment relationship at any time, without specified notice or reason.

I further understand that in order to promote the safety of employees and patient visitors, as well as the security of its facilities Medicus Urgent Care may conduct video surveillance of any portion of its premises at any time. Video cameras will be positioned in appropriate places within and around Medicus Urgent care, building and used in order to help promote the safety and security of people and property. I hereby give my consent to such video surveillance at any time the company may choose.

I also understand that my employment with **Medicus Urgent Care** shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment with **Medicus Urgent Care** is terminable "at-will" for any reason by either party.

Signature of Applicant:	Date:
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Medicus Urgent Care is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, marital status, disability or other classification protected by law. We assure you that your opportunity for employment with **Medicus Urgent Care** depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.