

DoctorsCare APPLICATION FOR EMPLOYMENT

DoctorsCare considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sex, genetic information, sexual orientation or any other legally protected characteristic.

(PLEASE PRINT)

Position(s) Applied For			Date of Application		
How Did You Learn About Us? <input type="checkbox"/> Advertisement (name of publication) _____					
<input type="checkbox"/> Referral (name of employee) _____ <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	
List any previous names or maiden name:					
Address		City	State	Zip Code	
Length of time at current address:					
Previous Address		City	State	Zip Code	
Telephone Number(s):					
(Home)		(Work)		(Cell)	

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

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

May we contact your present employer? Yes No

If hired, can you show proof of identity and legal authorization to work in the United States?
(Proof of citizenship or immigration status will be required upon employment.) Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Temporary Full or Part Time

How many hours can you work weekly? _____ Can you work nights? _____

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

Can you travel if a job requires it? Yes No

Have you ever been convicted of a criminal offense?
(Conviction will not necessarily disqualify an applicant from employment.)

Yes No

If Yes, please explain _____

If required for the position, do you have a current/valid driver's license?

Yes No

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Business or Trade School				
Graduate/Professional				
Other (Specify)				

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

Describe any job-related training received in the United States Military.

PROFESSIONAL REFERENCES FROM PREVIOUS EMPLOYERS

Give Reference Name, Phone Number, Company Name, Address and Your Position

1. _____

2. _____

3. _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments. If you need additional space, please continue on a separate sheet of paper.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Summarize special job-related skills and qualifications acquired from employment or other experience.

License/Certification Information and Expiration Date: _____

Notice: This company is a smoke-free workplace in compliance with the Non-Smoker Protection Act, Tennessee Code Annotated 39-17-1801-1810. In accordance with that law and company policy, smoking is prohibited in enclosed areas of company property.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand that falsification, omission or misstatement of information may result in refusal to hire or, if hired, termination of employment.

I hereby give permission to DoctorsCare and any third party it so chooses to utilize, to conduct a personal check on my background, including but not limited to, work history, business and personal record, credit history, or criminal investigation, and hold harmless the above referenced.

This application for employment shall be considered active for a period of time not to exceed 45 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 hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the 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 with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date