

STATCare Medical Clinics (STATCare, STATCare Plus, Plus One Medical Clinics) Employment Application

STATCare Medical Clinics (STATCare P.L.L.C./STATCare Plus, Plus One Medical) does not discriminate in hiring or employment on the basis of race, color, religion, national origin, sex, age, political affiliation or handicap. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

PERSONAL INFORMATION

Name _____
Last First Middle Social Security Number

_____ Date

Address _____
Number Street City State Zip

Home Telephone Number _____

Cell Phone or other number you may be reached at _____

E-mail address _____

EMPLOYMENT

Have you previously worked at any STATCare clinic? No _____ Yes _____

If so, please give the date and reason why you left? _____

If under a different name, state name _____

Are you applying for Full-time? _____ Part-time? _____ Temporary? _____

Specify hours/days desired _____ Date available to work? _____

Position applied for _____ Salary requirements _____

Do you have any friends/relatives working at any STATCare clinic? No ___ Yes ___ What is their relationship to you? _____

EMPLOYMENT RECORD

If presently employed, why do you desire to change? _____

If you are presently employed, may we contact your present employer? Yes _____ No _____

List any specific training, education, or experiences which will assist you in the job for which you have applied. _____

List any specific skills which will assist you in the job for which you have applied. _____

List any future educational plans. _____

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs.

Company Name: _____ Address _____
 Telephone Number: _____ Supervisor's Name: _____
 Dates of employment: _____ Ending Salary: _____
 Position and Duties: _____
 Reason for Leaving: _____

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EDUCATION

Education	Name/Location of Schools	Did you Graduate?	Subjects studied or Degree received
High School		Y/N	
College		Y/N	
Add'l Education		Y/N	

Professional Licenses, Registrations, and/or Certifications

Type _____ State Issued _____ Exp Date _____

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Membership in Professional/Technical Organizations? _____

REFERENCES

Please list three Professional/Employer References

Name _____

Address _____

Employer Name/Title _____ Telephone Number _____

Position: _____

Name _____

Address _____

Employer Name/Title _____ Telephone Number _____

Position: _____

Name _____

Address _____

Employer Name/Title _____ Telephone Number _____

Position: _____

Have you ever been convicted of a felony? _____ If yes, please explain (Use the back of this sheet if necessary). _____

PLEASE READ BEFORE SIGNING. If you have any questions regarding these statements, please ask before signing or initialing.

I, the undersigned, hereby:

- Certify that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge. I understand that misrepresentations or false or omitted facts may result in my termination, regardless of the time of discovery by STATCare;
- Understand that, if hired, my employment is for no definite period of time and may be terminated at any time without notice and that, absent a written contract signed by the Medical Director of STATCare; I will remain an at-will employee and can be terminated at any time, with or without cause, and with or without any notice. My at-will status will not change with any changes in compensation or responsibilities;
- Authorize STATCare to investigate and inquire of my personal, employment or financial history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools and all individuals from all liability in responding to inquiries in connections with my application.
- Consent to the release of such information; at this time, or at any time in the future if employment is secured;
- Acknowledge that I have the burden of producing adequate information for the proper evaluation of my professional, ethical and other qualifications for employment;
- Understand that, after the interview process is completed, the successful completion and review of the results of a pre-employment background screening and pre-employment drug screen is required before the hiring process is completed. If I fail either of the aforementioned screenings, the hiring process will end and I will not be a candidate for employment;
- If employed, I also understand that I am required to abide by all rules and regulation of STATCare Clinics.

Signature of Applicant

Date

