



Application for Employment

Frederick Primary Care Associates, PA is an Equal Opportunity Employer

Résumé Attached?
 Yes No

Date of Application _____ Position Applying For _____

Date Available for Hire _____ Minimum Salary Requirements \$ _____/hour or \$ _____ annually

About You

First Name _____ Middle Name _____ Last Name _____ E-Mail Address _____

Alias or Past Names (Please include maiden name, if applicable)

First Name _____ Middle Name _____ Last Name _____ Maiden Name Other _____
Type of Alias _____

Current Residence

Street Address _____ City _____ State _____ ZIP _____

Home Phone _____ Daytime Phone/Contact Phone _____ Best Time to Contact _____

Past Residence(s)

Address _____ Address _____

City _____ State _____ ZIP _____ City _____ State _____ ZIP _____

Start Date _____ End Date _____ Start Date _____ End Date _____

Are You:

- Over 18 Years Old? Yes No
- A previous applicant? Yes No
- A previous employee? Yes No
- Legally able to work in the U.S.? Yes No
- Able to make it to work using a reliable means of transportation? Yes No

How Did You Find Us?

- Advertisement (name of publication) _____
- Referral from Employee (employee name) _____
- Employment Agency _____
- Other _____

Education & Training

Please attach copies of job-relevant educational degrees and training documentation.

Type of School	Name and Location of School/Training	Dates of Attendance	Fields of Study (Major and Minor)	Degree Earned
High School		X		
Business or Tech School				
Colleges				
Graduate School				
Other Training (Explain)				

Academic or Other Awards or Achievements (Academic honors, awards, scholarships/fellowships, membership in academic societies or other awards obtained related to your education or qualifications for the position)

Employment History

Please provide all employment information beginning with the most recent. Attach additional pages if necessary.

I.

Name of Organization		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	End Date
Address	City	State	ZIP	Phone
Job Title	\$ _____ /hour/annually	Salary (circle one)	Supervisor	
Reason for Leaving _____				

II.

Name of Organization		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	End Date
Address	City	State	ZIP	Phone
Job Title	\$ _____ /hour/annually	Salary (circle one)	Supervisor	
Reason for Leaving _____				

III.

Name of Organization		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	End Date
Address	City	State	ZIP	Phone
Job Title	\$ _____ /hour/annually	Salary (circle one)	Supervisor	
Reason for Leaving _____				

IV.

Name of Organization		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start Date	End Date
Address	City	State	ZIP	Phone
Job Title	\$ _____ /hour/annually	Salary (circle one)	Supervisor	
Reason for Leaving _____				

Additional Qualifications (Special technical, computer or other skills that would qualify you for the position)

Professional Licensing & Certification (if applicable)

Please attach copies of all licenses and certifications.

License Description	Number	Issue Date	Expiration Date
License Description	Number	Issue Date	Expiration Date
License Description	Number	Issue Date	Expiration Date
Certification	Number	Issue Date	Expiration Date
Certification	Number	Issue Date	Expiration Date
CPR Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type	Issue Date	Expiration Date

References

Please list 3 references that we may contact – do not include relatives or employers.

Name	Phone Number	Years Known
Name	Phone Number	Years Known
Name	Phone Number	Years Known

Please Read Carefully

This organization is fully committed to equal employment opportunities for all employees and applicants for employment. It is our policy to recruit, hire, train and promote into all job levels any employee or applicant regardless of age, race, color, religion, sex, sexual orientation, marital status, national origin, physical or mental disability, veteran status. All such decisions are based on individual merit, qualifications and competence as they relate to the particular position. This application does not intend to ask questions that would provide information that could be used for discrimination.

By signing this form, you understand that completing an application does not imply that you will be offered employment and that nothing contained in this application or any information gained or discussed during the interview process creates an employment contract between you and this Organization. Should this application and the process surrounding this application result in your employment, you have the right to terminate your employment at any time and for any reason. Likewise, this Organization reserves the right to terminate your employment at any time and for any reason. Moreover, you understand that no person of this Organization with the exception of an authorized employee of the Board of Directors has any authority to enter into any agreement with you for any specified period of time or to guarantee any other personnel benefit. This includes any statements or guarantees made prior to your application or after you are employed.

By signing this form, you authorize all references, including current and previous employers listed in this application to provide the practice or its agents or representatives any and all information that they may have, and release all parties from all liability for any damage that may result from furnishing same to the practice or its agents or representatives.

The practice has the right to require a medical examination and/or perform a background investigation as it deems necessary, including, but not limited to, an investigation of police records and background check. By completing and signing this form, you authorize, without reservation, any party, including, but not limited to, employers, law enforcement agencies, state agencies, institutions and private information bureaus or repositories contacted by the practice or its agents or representatives to provide any or all of the above listed information. Your signature below releases the practice, its owners, officers, directors, employees, agents and representatives from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to the practice or its agents or representatives the above mentioned information as requested, in order to successfully complete a background investigation.

You understand that if employment is offered to you by our organization, you will be required to provide this organization with satisfactory proof of identity and legal work authorization within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

By signing this form, you certify that the information in this application is correct to the best of your knowledge and understand that falsification, misrepresentation or omission of information on this application is grounds for dismissal.

Signature of Applicant _____ Date _____

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Affirmative Action Voluntary Self-Identification

Applicant Name: _____ Date of Application: _____

Position Applying For: _____

Frederick Primary Care Associates, P.A. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program. Applicants for employment are invited to self-identify.

Please be advised that this survey is not part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Gender (check one):

- Male
- Female
- I do not wish to self-identify

Veteran Status (check one):

- Vietnam Era Veteran
- Special Disabled Veteran
- Other Protected Veteran
- Recently Separated Veteran
- Armed Forces Service Medal Veterans
- I do not wish to self-identify

Race or Ethnic Identity (check one):

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)
- I do not wish to self-identify

This information is used to satisfy the Affirmative Action requirements of section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.