

AN EQUAL OPPORTUNITY EMPLOYER



Application for Employment

Please Read Before Filling Out This Application.
Incomplete or Unsigned Applications Will Not Be Accepted.

Pinehurst Medical Clinic, Inc. does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, citizenship, or on the basis of age with respect to persons 18 years or older. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. **This Clinic intends to check and hold you responsible for the accuracy of the statements you make on this application.** This application will receive consideration for **sixty (60) days**. If you have not heard from the Company within sixty days and wish to receive further consideration for employment, it will be necessary to complete another application form.

Personal Data

Application Date: (mm/dd/yy) _____

Name: _____
Last
First
Middle

Mailing Address: _____
Street
City
State
Zip

Physical Address: _____
Street
City
State
Zip

Telephone Number: (____) _____ Are you 18 years of age or older? Yes ____ No ____

General Information

Job Applied For: _____ Desired Salary Range: \$ _____

How did you learn of us? Advertisement: _____ Employment Agency: _____
 Friend/Relative: _____ Job Line
 Other: (Please Specify) _____

Date available for work: (mm/dd/yy) _____

Have you ever applied here before? Yes ____ No ____ If YES, when? _____

Have you ever worked for PMC before? _____ If YES, when? _____

If YES, give the name(s) if different from the one given on this application: _____

Type of Employment Sought: Temporary Position Permanent Position

Number of Hours Per Week: Full Time Part Time

Can you travel if a job requires it? Yes ____ No ____

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

If YES, explain: _____
(A "yes" answer to this question does not necessarily preclude consideration for employment.)

Military Service

Are you a veteran? No Yes If YES, indicate Dates of Military Service: _____

Are you a member of the Military Reserves? No Yes

Educational Data

Please circle highest grade completed:					
1 2 3 4 5 6 7 8 9 10 11 12		1 2 3 4		1 2 3 4	
Grade, Junior High or High School		College or University		Graduate School	
Type of School	Name of School	Location	Graduate?	Major Subject or Course of Study	Degree(s) Obtained
High School					
College(s)					
University(s)					
Other educational vocational school, internships, etc.					
Graduate or Professional					

Special Skills, Certifications, Licensures

Please check all that apply:

<input type="checkbox"/> Typing: ____ wpm	<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Medical Billing
<input type="checkbox"/> Shorthand/Speedwriting: _____	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Medical Insurance
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Database Processing	<input type="checkbox"/> Switchboard
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Publisher

Please list any additional knowledge, skills, and abilities you wish considered. Include equipment or machines you operate, special computer languages, laboratory techniques, etc.:

Professional License(s)/Certification(s) including numbers, expiration dates, and sources of issuance:

1) _____

2) _____

3) _____

Work History (List employment history from most current position to earliest.)

From (mo./yr.)	Company	Telephone ()	Starting Salary \$ per
To (mo./yr.)	Address City State Zip		Final Salary \$ per
Supervisor's Name/Title		Type of Business	If this is your current employer, may we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone ()	Starting Salary \$ per
To (mo./yr.)	Address City State Zip		Final Salary \$ per
Supervisor's Name/Title		Type of Business	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

From (mo./yr.)	Company	Telephone ()	Starting Salary \$ per
To (mo./yr.)	Address City State Zip		Final Salary \$ per
Supervisor's Name/Title		Type of Business	May we contact? <input type="checkbox"/> YES <input type="checkbox"/> NO
Your Position/Title	Responsibilities/Duties		
Specific Reason for Leaving			

Briefly explain any gaps in employment:

References

Give three professional references who are not relatives or past supervisors:

Name	Occupation	Years Known	Telephone Number	Best time to call
			()	
			()	
			()	

Affidavit

I hereby affirm that the information provided on this application, and accompanying resume (if applicable) is true and complete to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the 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 authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application and accompanying resume to provide any relevant information that may be required to arrive at an employment decision.

I understand that as a condition of employment, I must successfully pass a drug test.

I authorize Pinehurst Medical Clinic, Inc. to perform any applicable records checks, including but not limited to, a criminal records check and/or a driver's record check for the position I am being considered for.

Applicant Signature: _____

Date: _____

Pinehurst Medical Clinic, Inc.
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