

Prima CARE, P.C.

APPLICATION FOR EMPLOYMENT

Please read carefully, print clearly and answer all questions. The questions on this application enable us to properly evaluate your ability and chance for success in the position for which you are applying. Your application will not be processed unless all questions are answered.

This application conforms to Federal and State laws. Prima CARE, P.C. is an equal opportunity employer and does not discriminate because of color, race, sex, religion, age, national origin, disability or sexual orientation. Prima CARE, P.C. will reasonably accommodate qualified disabled applicants in the work place.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

PERSONAL DATA

NAME _____ SOC. SECURITY NO. _____
(Last) (First) (Middle)

ADDRESS _____
(No.) (Street) (City) (State) (Zip)

HOME PHONE _____ PHONE NO. FOR MESSAGES _____

Are you over the age of 18? Yes _____ No _____

If not, please state your age: _____

Are you a citizen of the U.S.? Yes _____ No _____

If not, do you have a legal right to remain and work in the U.S.? Yes _____ No _____

If yes, list visa number: _____.

Have you been convicted of a felony within the last five years? Yes _____ No _____

If yes, please explain and list dates: _____

Do you have any relatives employed by Prima CARE?

If yes, list name; division and job function: _____

POSITION DATA

Are you applying for full or part time employment? Full-time _____ Part-time _____
Per Diem _____ Summer Only _____

If you checked part-time and later desire to become available for full time, you must notify the Personnel Department. You will not be considered for full-time work until you do so.

Position applying for: _____

Number of hours available per week: _____ Are you available weekends? Yes _____ No _____

Shift you can work: Days _____ Evenings _____ Weekends _____

Will you accept temporary work? Yes _____ No _____

Date available for work: _____ . Expected Salary: _____

List hobbies and interests: _____

List profession and community organizations which you presently hold memberships in which may assist you in the position for which you are applying: _____

EMPLOYMENT AND EDUCATION HISTORY

Give a complete history of employment experience and reasons for period unemployed during the past ten years. Begin with most recent employment. You may include in this work history any verifiable work performed on a volunteer basis. **Please complete this section in detail.**

Present Employer's Name	No. Street	City	State	Zip	Phone
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Dates Employed From-To	Position Held	Salary	Supervisor	Reason for Leaving
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May we contact your present employer for a reference at this time? Yes _____ No _____

Employer's Name	No. Street	City	State	Zip	Phone
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Dates Employed From-To	Position Held	Salary	Supervisor	Reason for Leaving
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Employer's Name	No. Street	City	State	Zip	Phone
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Dates employed From-To	Position Held	Salary	Supervisor	Reason for Leaving
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Employer's Name	No. Street	City	State	Zip	Phone
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Dates employed From-To	Position Held	Salary	Supervisor	Reason for Leaving
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Employer's Name	No. Street	City	State	Zip	Phone
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Dates employed From-To	Position Held	Salary	Supervisor	Reason for Leaving
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RECORD OF EDUCATION

ELEMENTARY:

Name	Address	Course	Years Attended	Degree / Diploma
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HIGH SCHOOL:

Name	Address	Course	Years Attended	Degree / Diploma
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COLLEGE:

Name	Address	Course	Years Attended	Degree / Diploma
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VOC. /TECH.:

Name	Address	Course	Years Attended	Degree / Diploma
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BUSINESS:

Name	Address	Course	Years Attended	Degree / Diploma
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GRADUATE:

Name	Address	Course	Years Attended	Degree / Diploma
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OTHER:

Name	Address	Course	Years Attended	Degree / Diploma
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Complete names, addresses and phone numbers of three references who are not relatives or previous employers. This is needed to verify your qualifications for the position. If this section is not completed in full, a delay in processing your application for employment will result.

Name: _____ Phone: _____
 Street Address: _____
 City, State, Zip + 4: _____

Name: _____ Phone: _____
 Street Address: _____
 City, State, Zip + 4: _____

Name: _____ Phone: _____
 Street Address: _____
 City, State, Zip + 4: _____

OFFICE SKILLS (please check all that apply)

	YES	NO
Typing _____ W.P.M. _____	_____	_____
Shorthand _____ W.P.M. _____	_____	_____
Dictaphone _____	_____	_____
Medical Terminology _____	_____	_____
Third-Party Billing _____	_____	_____
Filing _____	_____	_____
Receptionist _____	_____	_____
Data Entry _____	_____	_____
Bookkeeping _____	_____	_____
Accounting _____	_____	_____
Word Processing _____	_____	_____
Software Packages you are proficient in: _____		
Other: _____		

This section to be completed by applicants holding professional licenses, registrations or certificates, i.e. RN, LPN, MA, Tech, etc. In what states are you currently registered? _____

Registration number: _____ If not, have you applied? Yes ___ No ___

Date applied: _____ Expected date for State Boards: _____

Date Registration / Certification Issued: _____

Date Registration / Certification Expires: _____

If a graduate nurse, please list when and where you will take your state boards: _____

Has your license or certification to practice your profession ever been suspended or revoked? Yes ___ No ___

If yes, please explain: _____

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Prima CARE, P.C. shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the medical facilities, companies, schools or persons named to give any information regarding me. I hereby release said medical facilities, companies, schools, persons from all liability for any damage for issuing this information. In addition, if accepted for employment, I hereby agree to abide by the rules and policies of my employer and accept the established pay period as provided in accordance with the Fair Labor Standards Act (as amended).

I understand that, upon an offer of employment, I need to conform with The Immigration Reform and Control Act of 1986. I further understand that failure to do so will prohibit me from starting employment.

I understand that employment is contingent upon successful completion of a physical examination given by a provider of the employer's choice.

I understand that if I am hired, my hiring will not be considered as creating a contractual relationship for a definite term between me and Prima CARE, P.C. I thus understand that, unless otherwise specifically set forth in a separate written document signed by me and by an authorized representative of Prima CARE, P.C., I will be employed "at will" meaning that either I or Prima CARE, P.C. may terminate my employment at any time.

Applicant's signature: _____ **Date:** _____

