



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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.

Prima CARE, P.C. does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decision be based on job-related factors.

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 _____ Social Security No. _____
Last First M.

Address _____
No. Street State Zip Code

Home Phone _____ Cell _____ Email _____

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, P.C.?
If yes, list name(s), division and position: _____

POSITION DATA

Position Applying For: _____

Full-Time _____ Part-Time _____ Per Diem _____ Summer Only _____

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

Shift you can work: Days _____ Evenings _____ Weekends _____

Date available for work: _____ Expected Salary: _____

Languages Spoken: _____

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. You may attach a resume but not in place of completing the required information. If currently employed may we contact your employer? Yes _____ No _____

Employer's Name	Telephone Number		
Street Address	City	State	Zip Code
Dates Employed	Position Held	Supervisor's Name	
Salary	Reason for Leaving		

Employer's Name	Telephone Number		
Street Address	City	State	Zip Code
Dates Employed	Position Held	Supervisor's Name	
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Street Address	City	State	Zip Code
Dates Employed	Position Held	Supervisor's Name	
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EDUCATION INFORMATION

Name of School	Address	# of Years Completed	Major & Degree
High School			
Voc./Tech.			
College			
Graduate			
Other			

REFERENCES

List three references who are not relatives. This is needed to verify your qualifications for the position.

Name	Street Address	City	State	Zip Code
Relationship			Telephone Number	
Name	Street Address	City	State	Zip Code
Relationship			Telephone Number	
Name	Street Address	City	State	Zip Code
Relationship			Telephone Number	

I certify that the answers given by me to the foregoing questions and statement 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 or 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 to The Immigration Reform and Control Act of 1986. I further understand that failure to do so will prohibit me from starting employment. I will be submitted to a Massachusetts Criminal Offender Record Information (CORI) check.

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: _____