

Person Family Medical & Dental Centers, Inc.
702 N. Main Street
Roxboro, NC 27573
Phone (336) 599-9271 Business Fax (336) 599-0969
Nurse Fax (336) 599-0347 Dental Fax (336) 330-0247
EMPLOYMENT APPLICATION

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of any classification protected by federal or state non-discrimination laws, including sex, age, race, color, religion, creed, national origin, disability, service in the armed forces of the United States, veterans status, and union affiliation.

This application consists of four (4) pages. It is important that you complete all four (4) pages of this form fully and accurately.

Position(s) Applied for:						Date of Application:	
Last Name:		First Name:		Middle Name:			
Address:	Number	Street	City	State	Zip Code		
Telephone Number (s):						Social Security Number:	

If you are under 18 years of age, you must obtain a youth employment certificate from the county social services office.

Have you ever applied for employment with us before?..... Yes No If yes, when? _____

Have you ever been employed with us before?..... Yes No If yes, when? _____

Supervisor: _____ Reason for leaving: _____

Do any of your family members work here?..... Yes No

If yes, state name, relationship and location: _____

Are you eligible to work in the United States?..... Yes No

Pursuant to the Immigration Reform and Control Act of 1986, you will be required to provide documentary evidence of your ability to work legally in the United States before beginning your employment.

Have you ever been convicted of, plead guilty or no-contest to, or otherwise been adjudicated or found responsible for a crime other than a misdemeanor or traffic violation?..... Yes No

If yes, please describe fully the criminal conviction(s) listing the nature of the offense, the date of the offense, and your rehabilitation since the conviction(s). (A conviction record may not necessarily be a bar to employment)

Dates available for work: _____/_____/_____ What is your desired salary range? _____

Are you available for work: Full Time Part Time Please indicate time(s) available: Mornings Afternoons Evenings Weekends

Are you available to work: Overtime Weekend Hours

Are you currently on "lay-off" status and subject to recall?..... Yes No

EDUCATION				Graduated		Diploma, Degree or Certificate Received
School	Name and Address of School	Course of Study	Number of Years Completed	Yes	No	
High School						
Undergraduate School						
Graduate Professional						
Vocational, Trade, Other (specify)						

OTHER TRAINING
Describe below any specialized licenses, certificates, training, apprenticeship, and skills.

MILITARY EXPERIENCE (if applicable)

Branch of Service: _____	Rank at Discharge: _____	DATES SERVED:	
Highest Rank Achieved: _____	Did you receive at least a general discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	From: _____	To: _____
		Month/year	Month/year

List all MOS qualifications:

WORK EXPERIENCE: (CURRENT)
List below your work experience, starting with your present or most recent employment. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer	Address		
Telephone Number(s)	Starting/Present Job Title		
Supervisor	Reason for seeking other employment		
Dates Employed: (From/To)	Hourly Rate/Salary	(Starting)	(Ending)
Work Performed:			
May we contact your present employer: <input type="checkbox"/> yes <input type="checkbox"/> no			

WORK EXPERIENCE: (PAST)

List below your work experience, starting with your present or most recent employment. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer	Address		
Telephone Number(s)	Starting/Present Job Title		
Supervisor	Reason for seeking other employment		
Dates Employed: (From/To)	Hourly Rate/Salary	(Starting)	(Ending)
Work Performed:			

WORK EXPERIENCE: (PAST)

List below your work experience, starting with your present or most recent employment. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer	Address		
Telephone Number(s)	Starting/Present Job Title		
Supervisor	Reason for seeking other employment		
Dates Employed: (From/To)	Hourly Rate/Salary	(Starting)	(Ending)
Work Performed:			

WORK EXPERIENCE: (PAST)

List below your work experience, starting with your present or most recent employment. You may exclude organizations which indicate race, color, religion, gender, national origin, disability, or other protected status.

Employer	Address		
Telephone Number(s)	Starting/Present Job Title		
Supervisor	Reason for seeking other employment		
Dates Employed: (From/To)	Hourly Rate/Salary	(Starting)	(Ending)
Work Performed:			

COMMENTS: (include explanation of any gaps in employment)

ADDITIONAL INFORMATION:

OTHER QUALIFICATIONS: Summarize special job-related skills and qualifications acquired from employment or other experience.

PERSONAL/PROFESSIONAL REFERENCES: (Do not include family members or past supervisors.)

Name	Phone Number	Occupation

APPLICANT'S STATEMENT

Please read the following statement carefully, in full. Please ask for assistance if you do not understand something.

1. I understand that if employed by Person Family Medical and Dental Centers, Inc., I will be an employee-at-will, which means that I can voluntarily end my employment or be terminated at any time for any reason or no reason at all. I also understand that neither this application nor any communication by a management representative is intended to create or creates a contract of employment. No statement, whether written or oral, by any representative other than a written statement signed by the CEO of PFMC, Inc. may vary the foregoing.
2. I hereby authorize PFMC, Inc. to contact any or all of my previous employers and references and authorize them to provide all information requested of them by PFMC, Inc. I hereby release my former employers and others providing information from all liability whatsoever resulting from the providing of such information. I understand that any offer of employment is conditional upon receipt of satisfactory references.
3. I understand and agree that as a further condition of employment, I will abide by PFMC, Inc.'s substance abuse policy. The Substance Abuse Policy requires a pre-employment drug test and also requires drug and alcohol screening on a random basis during employment and with reasonable cause at any time
4. If hired, I agree to conform to the rules, regulations and policies of PFMC, Inc. and I understand that such rules, regulations and policies may be modified at any time PFMC, Inc. determines that it is necessary.
5. I have provided truthful and complete responses to all inquiries in this application. I understand that the discovery of any misrepresentation, falsification, or omission in my responses in this application constitutes grounds for disciplinary action, up to and including immediate dismissal.

I certify that I have read, understand and agree in full with the foregoing Applicant's Statement.

Date _____ Signature _____