

Clinton Medical Clinic, Inc

Application for Employment

We consider applicants for all positions without discrimination based on race, color, religion, creed, gender, national origin, age, marital or veteran status, disability, or any other legally protected status.

(PLEASE PRINT)

Position Applied for			Date of Application
How did you learn about us? <input type="checkbox"/> Employment Agency <input type="checkbox"/> Internet Site/Advertisement <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other Please Explain:			
Last Name	First Name		Middle Name
Street Address		City	State
Primary Phone Number			Other Phone Number
			Email Address

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? Yes No
 If Yes, give date: _____
- Have you ever been employed with us before? Yes No
 If Yes, give date: _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
 If No, when? _____
- Are you authorized to work lawfully in the United States? Yes No
- Will you now or in the future require Clinton Medical Clinic, Inc. to commence ("sponsor") an immigration case in order to employ you (for example, H-1B or other employment-based immigration case)? This is sometimes called "sponsorship" for an employment-based visa status. Yes No
- Are you currently on "lay-off" status and subject to recall? Yes No
- Proof of citizenship or immigration status will be required upon employment. Yes No
- Can you travel if the job requires? Yes No
- Have you ever been involuntarily terminated from a job? Yes No
 If Yes, please explain: _____
- Do you have any relatives working for Clinton Medical Clinic? Yes No
 If Yes, please explain: _____

Are you available to work: Full Time Part Time Shift Work Temporary

On what date would you be available to work? _____



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EDUCATION

	Name and Address of School	Course of Study	Year Completed	Diploma/Degree Level
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

<p>Speak, Read and Write Fluently:</p> <p><input type="checkbox"/> English <input type="checkbox"/> Other: _____</p>
<p>Describe any specialized training, apprenticeship, skills and extra-curricular activities.</p>
<p>Describe any job-related training received in the United States military.</p>

EMPLOYMENT HISTORY

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer _____ Address _____ Telephone Number _____ Job Title _____ Reason for Leaving _____	From	To
Employer _____ Address _____ Telephone Number _____ Job Title _____ Reason for Leaving _____	From	To
Employer _____ Address _____ Telephone Number _____ Job Title _____ Reason for Leaving _____	From	To



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If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business, or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

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

Applications can be mailed, faxed or emailed.

Mailed:

403 Fairview Street
Clinton, NC 28328
Attn: Human Resources

Faxed:

910-592-0819
Attn: Human Resources

Emailed:

contactus@clinton-med.com



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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT, IF HIRED, MY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION WOULD BE 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 AND FOR ANY OR NO REASON. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

In the event of employment, I understand that false or misleading 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.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? Yes No

Remarks: _____

INTERVIEWER

DATE

Employed? Yes No

Date of Employment: _____

Job Title: _____ Hourly Rate/Salary _____ Department _____

Notes:



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