

# 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 |
| <input type="checkbox"/> Employment Agency <input type="checkbox"/> Internet Site/Advertisement<br><input type="checkbox"/> Relative/Friend <input type="checkbox"/> Other<br>How did you learn about us? |                    |      |                     |
| Please Explain:   |                    |      |                     |
| Last Name   | First Name         |      | Middle Name         |
| Street Address  |                    | City | State               |
|   |                    |      | ZIP Code            |
| 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?                       n/a     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.                       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)       |                            |                 |                |                      |

Speak, Read and Write Fluently:

English     Other: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

## 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 _____<br>Address _____<br>Telephone Number _____<br>Job Title _____<br>Reason for Leaving _____ | From | To |
| Employer _____<br>Address _____<br>Telephone Number _____<br>Job Title _____<br>Reason for Leaving _____ | From | To |
| Employer _____<br>Address _____<br>Telephone Number _____<br>Job Title _____<br>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:

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**ADDITIONAL INFORMATION**

**Other Qualifications**

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

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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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