



Primecare Nevada, Inc.

APPLICATION FOR EMPLOYMENT Pre-Employment Questionnaire An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last Name First)	Social Security No.		Phone	
Present Address	Apt. No.	City	State	Zip
Permanent Address	Apt. No.	City	State	Zip
Are you 18 yrs or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Birthdate, if under 18		
If hired, can you provide proof of citizenship or legal right to work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of any criminal offense other than minor traffic violations in the last 7 years? _____ If so, please explain. A criminal conviction will be considered only in relation to the job for which you are applying. Seriousness and the nature of offense, time elapsed, and rehabilitation will be taken into account.				

DESIRED EMPLOYMENT

Position	Date You Can Start	Salary Desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Ever worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When?
Reason for Leaving:		
Name of last supervisor at this company:		
Are you, or have you ever been, on the Medicare Excluded Provider List?		
Who referred you to this company:		

EDUCATION

School Level	Name & Location of School	# Years Attended	Did You Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business or Correspondence School				

GENERAL

Subjects of Special Study or Research Work
Special Training
Special Skills

FORMER EMPLOYERS

LIST BELOW THE LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

Name of Present or Last Employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title		
Starting Hourly Rate	Ending Hourly Rate	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor	Title	Phone		
Description of work				
Reason for leaving				

Name of Present or Last Employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title		
Starting Hourly Rate	Ending Hourly Rate	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor	Title	Phone		
Description of work				
Reason for leaving				

Name of Present or Last Employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title		
Starting Hourly Rate	Ending Hourly Rate	May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Supervisor	Title	Phone		
Description of work				
Reason for leaving				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

Name	Address, City, State, Zip & Phone	Business	Years Known
1			
2			
3			

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

"I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Date: _____

Signature: _____