

<div>Medical Center Clinic</div>		<div>APPLICATION FOR EMPLOYMENT</div>		<div>8333 North Davis Highway Pensacola, Florida 32514 Telephone (850) 474-8507 www.medicalcenterclinic.com</div>																									
NAME: LAST		FIRST		MIDDLE																									
STREET ADDRESS			SOCIAL SECURITY NUMBER																										
CITY		STATE		ZIP CODE																									
HOME TELEPHONE		WORK TELEPHONE		If you have lived at the above address less than 12 months, list previous address:																									
				(STREET)	(CITY) (STATE)																								
Do you have adequate means of transportation to get to work on time each day and when called in on short notice during office hours? <input type="checkbox"/> YES <input type="checkbox"/> NO			Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO																										
<div>The Medical Center Clinic is a Drug-Free Workplace. All applicants considered final candidates for a position will be tested for the presence of drugs as part of the application process. Any applicant who refuses to submit to the pre-employment drug test will be ineligible for hire.</div>																													
<div>Have you ever been convicted of a crime? <input type="checkbox"/> YES <input type="checkbox"/> NO</div> <div>If yes, please give the details of your conviction, including date, location and nature of conviction. Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time and rehabilitation will be taken into account in determining the effect of suitability for employment.</div> <div></div> <div></div>																													
<div>The Balanced Budget Act of 1997 authorizes the imposition of civil monetary penalties against health care providers and entities that employ or enter into contracts with excluded individuals or entities to provide items or services to Federal program beneficiaries (§1128A(a)(1)(D) of the Social Security Act; 42 CFR 1003.102(a)(2)). In the event that you are selected for employment, your name will be provided to the Office of the Inspector General and processed through the List of Excluded Individuals/Entities. If the Office of the Inspector General has determined that you are an excluded individual, an offer of employment may not be extended to you. In the event that you become an excluded individual after commencement of employment, your employment may be terminated.</div>																													
<div>Have you ever been excluded by the Office of Inspector General from participating in or furnishing federal program beneficiaries items or services? <input type="checkbox"/> YES <input type="checkbox"/> NO</div>																													
Date you can begin work: _____		Overtime may be required from time to time. Does this pose any problem for you? <input type="checkbox"/> YES <input type="checkbox"/> NO																											
<div>Have you ever been employed by this Clinic? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give position and dates you worked:</div> <div></div>																													
Would you accept part-time work? <input type="checkbox"/> YES <input type="checkbox"/> NO		Would you accept temporary work? <input type="checkbox"/> YES <input type="checkbox"/> NO																											
<div>Special skills you possess (include any special skills from military service):</div> <div></div> <div></div>																													
<div>POSITION CHOICE(S) (Please refer to Job Board, Job Line, or website.)</div> <div></div> <div></div>																													
<div>EDUCATION</div> <table><tr><td>CIRCLE HIGHEST GRADE COMPLETED</td><td>NAME OF SCHOOL & LOCATION (CITY & STATE)</td><td>MAJOR / MINOR</td><td>GPA / SCALE</td></tr><tr><td>High School 9 10 11 12</td><td></td><td></td><td></td></tr><tr><td>College or University 1 2 3 4</td><td></td><td></td><td></td></tr><tr><td>Vocational School Business School</td><td></td><td></td><td></td></tr><tr><td>Nursing School</td><td></td><td></td><td></td></tr><tr><td>Other Training or Graduate School</td><td></td><td></td><td></td></tr></table>						CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL & LOCATION (CITY & STATE)	MAJOR / MINOR	GPA / SCALE	High School 9 10 11 12				College or University 1 2 3 4				Vocational School Business School				Nursing School				Other Training or Graduate School			
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<div>PROFESSIONAL LICENSES AND CERTIFICATIONS (If you are licensed in your particular field, please answer)</div> <table><tr><td>TYPE OF LICENSE</td><td>LICENSE NUMBER</td><td>ISSUING STATE</td><td>RENEWAL NUMBER</td><td>RENEWAL DATE</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						TYPE OF LICENSE	LICENSE NUMBER	ISSUING STATE	RENEWAL NUMBER	RENEWAL DATE																			
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<div>JOB LINE: 474-8198</div>																													

EMPLOYMENT HISTORY
LIST ALL PREVIOUS EMPLOYERS FOR WHOM YOU HAVE WORKED DURING THE LAST FIVE YEARS AND ANY OTHER EMPLOYMENT WHICH REFLECTS EXPERIENCE RELATED TO THE JOB FOR WHICH YOU ARE APPLYING. EXPLAIN ANY LAPSES BETWEEN TIMES WHEN EMPLOYED. LIST MOST RECENT JOB FIRST. PLEASE ATTACH A CURRENT RESUME IF AVAILABLE.

COMPANY	POSITION & DUTIES		
ADDRESS (INCLUDE CITY & STATE)			
			IMMEDIATE SUPERVISOR
PHONE	FROM TO (DATES)	LAST SALARY	REASON FOR LEAVING
COMPANY			POSITION & DUTIES
ADDRESS (INCLUDE CITY & STATE)			
			IMMEDIATE SUPERVISOR
PHONE	FROM TO (DATES)	LAST SALARY	REASON FOR LEAVING
COMPANY			POSITION & DUTIES
ADDRESS (INCLUDE CITY & STATE)			
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COMPANY			POSITION & DUTIES
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PHONE	FROM TO (DATES)	LAST SALARY	REASON FOR LEAVING
COMPANY			POSITION & DUTIES
ADDRESS (INCLUDE CITY & STATE)			
			IMMEDIATE SUPERVISOR
PHONE	FROM TO (DATES)	LAST SALARY	REASON FOR LEAVING

COMMENT REGARDING LAPSES, IF APPLICABLE _____

HAVE YOU EVER BEEN DISCHARGED FROM A JOB OR FORCED TO RESIGN? ☐ YES ☐ NO

I hereby state that the information given by me in this application is true in all respects. I understand that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habits, and my work performance while in their employ.

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of Medical Center Clinic current policies.

I understand that Medical Center Clinic reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or brief cases) or parcels brought into or taken out of Medical Center Clinic. I understand that refusal to submit to a urinalysis, blood test, or search, when requested to do so, may result in termination of my employment.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY MEDICAL CENTER CLINIC, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR MEDICAL CENTER CLINIC, WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE EXECUTIVE DIRECTOR OF MEDICAL CENTER CLINIC.

(DATE)

(SIGNATURE)