



**COMMUNITY
MEDICAL
CLINIC**

- & -



**COMMUNITY
DENTAL**

Pennyroyal Healthcare Services, Inc DBA, Community Medical Clinic & Community Dental
1102 S Virginia Street - Hopkinsville, KY 42240 - 270-632-6741 - 270-632-6742 (Fax)
Dental 1102 S Virginia Street Suite B - Hopkinsville, KY 42240 - 270-632-3088 - 270-632-8212 (Fax)
244 Thompsonville Lane - Oak Grove, KY 42262 - 270-632-6743 - 270-632-6744 (Fax)
1022 W Main Street - P.O. Box 151 - Princeton, KY 42445 - 270-365-0227 - 270-365-2559 (Fax)

Application for Employment

PERSONAL INFORMATION *(Incomplete information could disqualify you from further consideration.)*

Last Name	First	Middle	Date
Street Address	Home Telephone	Cell Number	
City, State, Zip	Social Security #		
Position Desired	Pay Expected		

Have you ever been employed with us before? Yes No

If yes: Month and Year _____ Location: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment). Yes No

Are you at least 18 years or older? (If no, you may be required to provide authorization to work.)
 Yes No

Are you available to work: Full Time Part Time

Can you travel if a job requires it? Yes No

If position requires, would you have daily use of an automobile? Yes No

If no, please explain: _____

Have you ever been convicted of a criminal offense, either a felony or a misdemeanor? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY (Please start with the most recent and working backwards in time.)

From:	To:	Employer Name:	Telephone:
Job Title:		Address:	
Immediate Supervisor/Title:		Describe work performed/job responsibilities:	
Reason for Leaving:			Last Salary:

From:	To:	Employer Name:	Telephone:
Job Title:		Address:	
Immediate Supervisor/Title:		Describe work performed/job responsibilities:	
Reason for Leaving:			Last Salary:

From:	To:	Employer Name:	Telephone:
Job Title:		Address:	
Immediate Supervisor/Title:		Describe work performed/job responsibilities:	
Reason for Leaving:			Last Salary:

From:	To:	Employer Name:	Telephone:
Job Title:		Address:	
Immediate Supervisor/Title:		Describe work performed/job responsibilities:	
Reason for Leaving:			Last Salary:

MILITARYDo you serve in the U.S. Armed Forces? Yes No

If yes, in what Branch? _____

Describe any military training received relevant to the position for which you are applying.

EDUCATION

School	Name and Location of School	No. of Yrs. Attended	Did you Graduate?	Degree or Diploma	Major Course of Study	Date of Graduation
College (Graduate Work)			<input type="checkbox"/> Yes <input type="checkbox"/> No			
College (Undergraduate)			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Business/Trade/Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No			
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No			

LICENSES AND CERTIFICATES

List all state licenses and certificates or registrations and/or other credentials pertinent to position applied for:

Title: _____ # _____ DEA #: _____

Title: _____ # _____

Licensing Authority: _____

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience. Clinicians list other certificates and granting authority.

Specialized Skills

Circle Computer Skills:
Word
Excel
Powerpoint

Circle Skills/Equipment Operated

Calculator
Copier
Fax
Other: _____

REFERENCES (List three character references not related to you and who are familiar with your competency for the position for which you are applying. At least two must be persons not connected with this agency.)

Name	EMAIL ADDRESS	Company	Years Acquainted
1.			
2.			
3.			

Please read carefully before signing.

Pennyroyal Healthcare Services, Inc., is an equal opportunity employer. Pennyroyal Healthcare Services, Inc., does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Pennyroyal Healthcare Services, Inc., to hire me. If I am hired, I understand that either Pennyroyal Healthcare Services, Inc., or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Pennyroyal Healthcare Services, Inc., has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Pennyroyal Healthcare Services, Inc., true and complete information on this application. No requested information has been concealed. I authorize Pennyroyal Healthcare Services, Inc., to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Date: _____

Signature of Applicant: _____

Please return completed application to:

Pennyroyal Healthcare Services, Inc. DBA Community Medical Clinic
c/o Human Resources
402 N Jefferson
Princeton KY 42445
Fax: 270-365-2559
Email: malaiamiller@communitymedicalclinic.org

PENNYROYAL HEALTHCARE SERVICES, INC.
EMPLOYMENT APPLICATION SUPPLEMENTARY DATA RECORD

Applicants, employees, students, and volunteers are treated without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legal protected status.

The purpose for this Supplementary Data Record is to comply with government and/or Pennyroyal Healthcare Services, Inc., legal requirements. Employment in positions involving supervisory or disciplinary power over a minor (or a developmentally disabled adult) requires a minimal record check as a condition of employment. It is the Pennyroyal Healthcare Services, Inc., general practice to request Criminal Record Checks on all applications recommended for employment or volunteer/student placements. Criminal Record Checks may also be requested on individuals providing contractual services to the Clinic.

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. HOWEVER, YOU WILL NOT BE CONSIDERED FOR A POSITION INVOLVING CHILDREN OR DEVELOPMENTALLY DISABLED CLIENTS UNTIL A CRIMINAL RECORD CHECK IS REQUESTED AND RECEIVED BY PENNYROYAL HEALTHCARE SERVICES, INC.

All information must be completed.

Name	
Maiden Name	
Other Names/Aliases Used in the Past	
<hr/> <hr/>	
Current Address	
<p>Please list prior addresses you have resided (including street addresses, cities, states, and counties), with approximate dates</p> <hr/> <hr/>	
<hr/> <hr/>	
SS#	Birthdate
Email Address (Results may be mailed to you by the Kentucky Administrative Office of the courts.)	
<hr/> <hr/>	
I hereby authorize Pennyroyal Healthcare Services, Inc. to conduct criminal record checks in all present and former states of residence.	
<hr/> <hr/>	
Date	Signature

If under 18 years of age, signature of a parent/legal guardian is required.

5/10/16

Parent/Guardian Signature