Community Medical Clinic

PENNYROYAL HEALTHCARE SERVICES, INC.

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

Have you ever been convicted of a felony? ☐ Yes ☐ No
(Convictions will not necessarily disqualify an applicant for employment)

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:
**********			

MILITARY

Do 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)			☐ Yes ☐ No			
College (Undergraduate)			☐ Yes ☐ No			
Business/Trade/ Technical			☐ Yes ☐ No			
High School			☐ Yes ☐ No			

LICENSES AND CERTIFICATES

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

Title: _____ # _____

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	Address, Phone, Fax, Email	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.
Human Resources
P.O. Box 4156
Hopkinsville, KY 42240
Fax: 270-632-6742

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

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

5/10/16