



North Mississippi Primary Health Care, Inc.

15921 Boundary Drive • Ashland, Mississippi 38603

Application for Employment 2014

Note: Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap. NMPHC is an equal opportunity employer. **Please do not call to “check the status” of your application; we will call you for an interview if a position is available and we are interested in your application.**

(Please print legibly, circle or check where appropriate)

Date of Application _____

Position applied for: office • medical assistant • LPN • RN • Physician • Other _____

Referral Source () Advertisement () Friend () Relative () Employment Agency () Other _____

Full Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Have you filed an application here before? yes • no If yes, give date _____

Have you ever been employed here before yes • no If yes give date _____

Are you employed now? yes • no May we contact your present employer? yes • no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

yes • no (*proof of citizenship or immigration status may be required upon employment*)

On what date would you be available for work? _____

Are you available to work () full-time () part-time () temporary

Are you on lay-off and subject to recall? yes • no

Have you been convicted of a felony? yes • no

(*conviction will not necessarily disqualify applicant from employment*)

If yes, please explain _____

Are you a Veteran of the United States Military Service? yes • no If yes, give Branch _____

Indicate languages you speak, read and/or write: _____

List professional, trade, business or civic activities and office held. (you may exclude those which indicate race, color, religion, sex or nation origin if you chose to do so) _____

Give name, address, and telephone number of three references who are not related to you and are not previous employers.

- 1) _____
- 2) _____
- 3) _____

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps. If not applicable please skip this section.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, amended, which requires government contractors to take affirmative action to employ and advance employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified please sign below:

() Handicapped Individual () Disabled Veteran () Vietnam Era Veteran

Signature _____

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Give Date of Grad.				

Describe your course of study _____

Describe any specialized educational training, apprenticeship, skills, and extra curricular activities or licenses

Honors Received _____

Experience

Start with your present or last job. Include military service assignments and volunteer activities. (Exclude organization names which indicate race, color, religion, sex or national origin if you so chose).

1.

Employer	Date Start	Date End	Describe Work Performed
Address			
Telephone	Begin Pay/Hr	Ending Pay/Hr	
Job Title			

2.

Employer	Date Start	Date End	Describe Work Performed
Address			
Telephone	Begin Pay/Hr	Ending Pay/Hr	
Job Title			

3.

Employer	Date Start	Date End	Describe Work Performed
Address			
Telephone	Begin Pay/Hr	Ending Pay/Hr	
Job Title			

4.

Employer	Date Start	Date End	Describe Work Performed
Address			
Telephone	Begin Pay/Hr	Ending Pay/Hr	
Job Title			

(If you need additional space to describe work, please continue on separate sheet of paper and attach with signature)

Special Skills and Qualifications: please summarize your special skills and qualifications acquired from employment or other experience or anything else you wish to be considered.

You May Attach or Send Resume with this application

Applicant's Statement

(Please read carefully)

I certify that the answers herein provided 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 understand that this application is not and is not intended to be a contract of employment.

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 North Mississippi Primary Health Care, Inc. I understand that if hired, North Mississippi Primary Health Care, Inc. has a 6-months probation period and that I will not be considered a factual employee until the 6-months probation has been completed.

Signature of Applicant _____ Date _____

_____ **For Office Use Only** _____

Arrange Interview () yes () no

Remarks _____

Employ () yes () no Date of Employment _____

Job Title _____ Hourly Rate _____

Salary Rate _____

By _____ Date _____