

Urgent Care Express

An Equal Opportunity Employer

756 N. Monterrey
Gilbert, AZ 85233
Fax 480-545-1434

Please print in ink (preferably black) or use typewriter

Number of attachments _____

Position Title _____

Application for Employment

Applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling management during normal business hours.

1. Position applied for _____
(one per application)

2. Department _____

3. Social Security No. _____

(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)

4. Full legal name _____
Last First Middle

6. Home Phone () _____

5. Address _____

7. Business Phone () _____

City State Zip

8. E-mail Address _____

9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma? Yes No
- c. Check number of years of post high school education 1 2 3 4 5 6 7+

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

- 10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor? Yes No

a. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time Part-time Hours/week Your name if different from present _____

b. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____
 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time Part-time Hours/week Your name if different from present _____

c. **Job Title** _____ **Duties:** _____
 Employer _____
 Address _____

 _____ Phone _____
 Type of business _____
 Immediate supervisor _____
 Title _____ Number and titles of employees you supervised _____
 Salary (start) _____ (finish) _____ Equipment used _____
 Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____
 Full-time ___ Part-time ___ Hours/week _____ Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills: _____

e. Automated word processing (specify equipment) _____
 Typing speed _____ words per minute. Shorthand speed _____ words per minute

f. License, certificate or other authorization to practice a trade or profession (include photocopies of all original and current documents as applicable)

Type	License Number	Granted by (licensing board) include expiration date

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**

- a. Check which shift you will accept: Day Evening Night Rotating Weekends Specify shift hours _____
- b. Check which job status you will accept: Full-time Part-time (specify) _____
- c. Check which employment status you will accept: Salaried Hourly Part-time salaried
- d. Are you certified in Basic Life Support? Yes No. If yes, when does your card Expire? _____
- e. Are you willing to submit to Tri-City Express Care, LLC's policy on substance abuse? Yes No.
- f. Are you willing to provide your own transportation if necessary for your employment? Yes No.
- g. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?
 Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- h. Do you consider yourself to be computer literate (i.e. windows, word, internet etc.)? Yes No.
- i. Are you a veteran? Yes No. If yes, did you receive an honorable discharge? Yes No N/A
 Are you an active member of the Reserve or National Guard? Yes No
- j. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the following:
 Description of offense: _____
 Statute or ordinance (if known): _____ Date of Charge: _____ ; Date of Conviction _____
 County, City, State of Conviction: _____
 (For additional convictions use plain paper. Include all information listed above.)

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)
 _____ Month _____ Day _____ Year

14. **CERTIFICATION--Each Application Requires Current Date and Original Signature**

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment Tri-City Express Care, LLC. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize Tri-City Express Care, LLC to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date _____ **Applicant Signature** _____

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: ___/___/___

Position applied for: _____

FOR OFFICE USE ONLY

EEO Category: _____

Supplementary Experience Form

Social Security Number _____ Position Applied For _____
 Name _____

Job Title _____ **Duties:** _____
 Employer _____
 Address _____

_____ Phone _____
 Type of business _____

Immediate supervisor _____
 Title _____

Salary (start) _____ (finish) _____ Number and titles of employees you supervised _____

Equipment used _____
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Address _____

_____ Phone _____

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