

**INSTRUCTIONS:** This is an interactive form. You may fill out the form on your computer and print out the completed form for submission to Bullhead Urgent Care. The form may also be printed out blank and filled out by hand. It is not designed for submission via the web site.

## BULLHEAD URGENT CARE

<b>◆PERSONAL INFORMATION ◆</b>					
LAST NAME		FIRST		MIDDLE	
ADDRESS		CITY		STATE	ZIP
PREVIOUS NAMES:					
Social Security No:		Home Telephone No:		Cell Phone:	
Best Time To Contact You:		Date Available For Work:		Driver's License:	
Position Applied For:		Have You Ever Been Employed Here?		Are You Over 18?    Yes      No	
Are You A US Citizen or Legally Authorized To Work In The US?    Yes      No					
Have You Ever Been Convicted Of A Crime? If Yes, Please Explain:    Yes      No					
<b>◆EDUCATION/SKILLS ◆</b>					
School	Name and Address of School	Course of Study	Years Completed	Dates Attended	Diploma or Degree
High School					
College					
College					
List Any Specific Skills or Areas of Specialization:					
<b>◆LICENSES ◆</b>					
Professional Licenses: Type:		Professional Certifications: Type:		Language Skills: Language:	
State:		State:		Rate your ability to Read: Write: Speak:	
Date:		Date:			
No:					
<b>◆MILITARY WORK ◆</b>					
Have You Ever Served In The US Armed Services?    Yes      No      If So, What Branch?					
List Any Skills Acquired Through Military Service:					

<b>◆EMPLOYMENT HISTORY ◆</b>		
<b>Employer:</b>	Phone:	
Address:		
Dates Employed:	Supervisor's Name:	Salary:
Job Title:	Reason for Leaving:	
Duties:		
<b>Employer:</b>	Phone:	
Address:		
Dates Employed:	Supervisor's Name:	Salary:
Job Title:	Reason for Leaving:	
Duties:		
<b>Employer:</b>	Phone:	
Address:		
Dates Employed:	Supervisor's Name:	Salary:
Job Title:	Reason for Leaving:	
Duties:		
<b>Employer:</b>	Phone:	
Address:		
Dates Employed:	Supervisor's Name:	Salary:
Job Title:	Reason for Leaving:	
Duties:		
<b>Please explain any gaps in employment longer than 3 months:</b>		

**◆REFERENCES ◆**

List At Least Three References Who Are Not Relatives Or Previous Employers

Name and Relationship	Address	Telephone No

**◆REQUEST NOT TO PARTICIPATE IN TREATMENT ◆**

Will you request not to participate in any aspect of patient care, including treatment, because you perceive a conflict with your cultural values, ethics of religious beliefs? Yes No  
If Yes, please list the specific type of patients and the aspect of care or treatment in which you will not participate:

**◆PRE EMPLOYMENT STATEMENT AND ACKNOWLEDGEMENT ◆**

I UNDERSTAND AND AGREE THAT:  
1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or if employed, termination from the clinic employ.  
2. Any offer of employment I may receive from the facility is contingent upon my successful completion of the facility's total preemployment screening process, including the receipt of references that the facility considers satisfactory completion of any post offer preemployment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the facility's request. I hereby consent to having the results of any post offer preemployment or post employment medical exams I may be required to take disclosed to the facility.  
3. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, furnishing a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any liability for damages arising from furnishing the requested information.  
4. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of the facility. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the facility.  
5. I hereby authorize this facility to investigate my employment and personal history, including an inquiry concerning information on my criminal, credit and driving history. If appropriate, I understand that the facility will consider material contained in my criminal history records and other records solely for the purpose of determining my suitability for the position(s) for which I have applied. I do not authorize release of this information for any purpose beyond this employment decision. I am aware that if I am denied employment based on a report by a consumer reporting agency, the facility will furnish the name and address of such agency upon my written request.  
6. I hereby authorize this facility to verify with the appropriate educational institution the educational history which I have provided on my employment application, resume or other document including the date(s) attended, courses taken, and the degree(s) or certification(s) received.  
7. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the facility and understand that no manager or representative of this facility other than the President, General Counsel, or Group Vice President of Bullhead Urgent Care Center has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different form or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.  
8. I hereby authorize the facility to deduct from my final paycheck all cost directly associated with my post-employment physical and tests, if I voluntarily terminate my employment within 90 days from my date of hire.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*OFFICE USE ONLY\***

**START DATE:**

**REFERENCES CHECKED:**

**STARTING SALARY:**

**NOTIFY IN CASE OF EMERGENCY:**