Employment Application

Should you need any special accommodations to participate in the application process (i.e. assistance in completing the application, accommodations for the interview, accommodations for any job-related employment tests, or any other needed accommodations), please let us know at the time of application, or at the time an appointment is scheduled.

Personal Information

Legal Last Name: _____ Legal First Name: _____ Middle Initial: _____

May we contact you via E-mail? ☐ Yes ☐ No If so, please provide your E-mail address: _____

Social Security Number: _____ Date Available to start work: _____

Home phone number: _____ Message/Mobile phone: _____

Address (number, street, apartment number): _____

City: _____ State: _____ Zip: _____

Have you ever been employed at any AFC location? ☐ Yes ☐ No If Yes, when? From: _____ To: _____

Position Held: _____ Location: _____

If no, please indicate how you were referred?

☐ Employment Agency (Company): _____
☐ Employee Referral (Name of Employee): _____
☐ School: _____
☐ Advertisement/Other: (Please Specify): _____

CAN YOU, AFTER EMPLOYMENT OFFER, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ Yes ☐ No
(In accordance with the immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.)

Are you authorized to work for all U.S. employers or only your current employer? ☐ All ☐ Current

Are you at least eighteen years of age? ☐ Yes ☐ No
(If less than 18 yrs., you will need to provide a work permit and/or age certificate upon offer of employment.)

Have you ever been convicted of a felony? ☐ Yes ☐ No If Yes, please explain: _____
(Such a conviction will not necessarily disqualify you from employment. Please attach any additional information if necessary.)

Job Interest

Position for which you are applying: _____ Preferred work schedule:

Location: _____

Wage/Salary desired: _____ $ per _____

Hours of Availability:

☐ Full-time ☐ Part-time ☐ Temporary

Sun	Mon	Tues	Wed	Thu	Fri	Sat

Education Information

Type of School	Name and Location	Years Completed	Major Course of Study	Graduated (Yes or No)	Degree
High School					
College/University					
Graduate School					
Technical/ Business School					

Please list any job related professional, trade, business or civic activities, organizations, and associations in which you participated, or of which you are a member. (You may omit those that indicate race, color, religion, political affiliations, national origin, ancestry, disability, marital status, sex, or age.) _____

Job-Related Skills or Experience

List any job related skills or experience that would qualify you for the position for which you are applying: _____

Employment History

Starting with your most recent job, accurately list ALL jobs you have held in the past ten (10) years. Give correct addresses and telephone numbers. Include volunteer experience.

Name of current/most recent employer: _____ Position Held: _____

Employer's address (number/street): _____ City: _____ State: _____ Zip: _____

Dates Employed: From: _____ To: _____ Starting Pay:$ _____ Ending Pay:$ _____ ☐ Hourly ☐ Salary

May we contact your employer? ☐ Yes ☐ No ☐ PRN ☐ Part Time ☐ Full Time

Reason for leaving: _____

Supervisor's Name/Title: _____ Telephone Number: _____

Name of current/most recent employer: _____ Position Held: _____

Employer's address (number/street): _____ City _____ State _____ Zip _____

Dates Employed: From: _____ To: _____ Starting Pay:$ _____ Ending Pay:$ _____ ☐ Hourly ☐ Salary

May we contact your employer? ☐ Yes ☐ No ☐ PRN ☐ Part Time ☐ Full Time

Reason for leaving: _____

Supervisor's Name/Title: _____ Telephone Number: _____

Name of current/most recent employer: _____ Position Held: _____

Employer's address (number/street): _____ City: _____ State: _____ Zip: _____

Dates Employed: From: _____ To: _____ Starting Pay:$ _____ Ending Pay:$ _____ ☐ Hourly ☐ Salary

May we contact your employer? ☐ Yes ☐ No ☐ PRN ☐ Part Time ☐ Full Time

Reason for leaving: _____

Supervisor's Name/Title: _____ Telephone Number: _____

References

Please provide the names, addresses, and telephone numbers of at least two (2) professional references who are not related to you.

Name: _____ Title: _____

Address: _____ Phone Number: _____

Name: _____ Title: _____

Address: _____ Phone Number: _____

Name: _____ Title: _____

Address: _____ Phone Number: _____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW

We greatly appreciate your interest in our organization. Please be advised that applicants are considered for all positions without regard to race, age, color, sex, religion, national origin, disability, marital or veteran status. For consideration for employment with us, the application must be completed in its entirety and signed by you.

This application will remain open for consideration for the position for which you applied for ninety (90) days from today's date. If you wish to be considered for this position or another position after ninety days from this date, you will need to complete and submit another application.

I certify that the answers given by me are true and correct without omissions of any kind whatsoever, and that intentional falsification of information given will be grounds for disciplinary action, up to and including termination.

I understand any offer of employment may be contingent upon a credit, criminal or other types of background checks, including a drug screening. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employment and any pertinent information they might have, personal or otherwise, and release all parties from any claims, causes of action, or liability from damages that may or could result in furnishing such information to the company.

I understand that if hired, the employment relationship is at-will. This means that either I or your company may terminate the employment relationship at any time, for any or no reason.

Signature of Applicant: _____ Date: _____

Woodruff Road Urgent Care Center, PC is an EQUAL OPPORTUNITY EMPLOYER

This Organization Participates in E-Verify

This SWA will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this SWA is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

SWA and employers may not use E-Verify to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

If you believe that your SWA has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. E-Verify **Done.**

For more information on E-Verify, please contact DHS at:

1-888-464-4218

E-VERIFY IS A SERVICE OF DHS AND SSA

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