



# APPLICATION FOR EMPLOYMENT

DATE

POSITION DESIRED

MI

FIRST

LAST

NAME

PCAT is an equal employment opportunity employer.

We comply with all applicable local, state and federal civil rights and equal employment laws and regulations.

PLEASE PRINT			
LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NO.
STREET ADDRESS			HOME PHONE ( )
CITY	STATE	ZIP CODE	ALTERNATE PHONE ( )
POSITION DESIRED	DATE AVAILABLE	PAY RATE DESIRED	
IF <u>UNDER</u> AGE 18, GIVE BIRTHDATE	ARE YOU A US CITIZEN OR AN ALIEN LEGALLY AUTHORIZED TO WORK IN THE US? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you ever pled guilty to or been convicted of any criminal offense? (Do not disclose convictions or arrests that have been sealed or expunged). If yes, please explain. Note: A criminal conviction is not an automatic bar to employment.			<input type="checkbox"/> YES <input type="checkbox"/> NO

EMPLOYMENT DATA		
WHAT SHIFT(S) ARE YOU WILLING TO WORK ? 1ST 2ND 3RD OTHER: _____	CIRCLE DAYS YOU CAN WORK MON. TUES. WED. THURS. FRI. SAT. SUN.	
ARE YOU WILLING TO WORK OT IF REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK WEEKENDS <input type="checkbox"/> YES <input type="checkbox"/> NO	STATUS DESIRED <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PRN <input type="checkbox"/> TEMPORARY
WHAT PROMPTED YOUR APPLICATION? (PLEASE BE SPECIFIC) <input type="checkbox"/> EMPLOYEE REFERRAL _____ <input type="checkbox"/> NEWSPAPER _____ <input type="checkbox"/> OWN ACCORD _____ <input type="checkbox"/> JOB LINE _____ <input type="checkbox"/> OTHER _____		IF APPLYING FOR PART-TIME, HOW MANY HOURS PER WEEK ARE YOU WILLING TO WORK? _____

## EDUCATION

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	LIST DEGREE OR DIPLOMA
HIGH SCHOOL			1 2 3 4		
COLLEGE			1 2 3 4		
POST GRADUATE			1 2 3 4		
OTHER					

IF NOW ATTENDING SCHOOL, PLEASE GIVE ANTICIPATED GRADUATION DATE.

## EMPLOYMENT HISTORY

EMPLOYMENT HISTORY				
PRESENT OR MOST RECENT EMPLOYER	NAME OF EMPLOYER		STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER (   )
	YOUR LAST NAME AT THAT TIME?		JOB TITLE	DATE OF EMPLOYMENT FROM:                      TO:
	REASON FOR LEAVING?		SUPERVISOR'S NAME	ENDING SALARY
	CONTACT FOR REFERENCES?	DUTIES, SKILLS, EQUIPMENT USED:		

PREVIOUS EMPLOYERS LIST MOST RECENT FIRST	NAME OF EMPLOYER		STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER (   )
	YOUR LAST NAME AT THAT TIME?		JOB TITLE	DATE OF EMPLOYMENT FROM:                      TO:
	REASON FOR LEAVING?		SUPERVISOR'S NAME	ENDING SALARY
	CONTACT FOR REFERENCES?	DUTIES, SKILLS, EQUIPMENT USED:		
	NAME OF EMPLOYER		STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER (   )
	YOUR LAST NAME AT THAT TIME?		JOB TITLE	DATE OF EMPLOYMENT FROM:                      TO:
	REASON FOR LEAVING?		SUPERVISOR'S NAME	ENDING SALARY
	CONTACT FOR REFERENCES?	DUTIES, SKILLS, EQUIPMENT USED:		
	NAME OF EMPLOYER		STREET ADDRESS, CITY, STATE, ZIP	PHONE NUMBER (   )
	YOUR LAST NAME AT THAT TIME?		JOB TITLE	DATE OF EMPLOYMENT FROM:                      TO:
	REASON FOR LEAVING?		SUPERVISOR'S NAME	ENDING SALARY
	CONTACT FOR REFERENCES?	DUTIES, SKILLS, EQUIPMENT USED:		

**PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS**

ARE YOU CURRENTLY:       REGISTERED       LICENSED       CERTIFIED

TYPE	STATE ISSUED	DATE	NUMBER
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TYPE	STATE ISSUED	DATE	NUMBER
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TYPE	STATE ISSUED	DATE	NUMBER
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HAVE YOU EVER HAD YOUR LICENSES, REGISTRATION OR CERTIFICATION REVOKED, SUSPENDED OR PUT ON PROBATION? IF YES, PLEASE EXPLAIN.


IF THE JOB YOU ARE APPLYING FOR REQUIRES THE DRIVING OF A MOTOR VEHICLE WHILE ON DUTY, PLEASE PROVIDE THE FOLLOWING INFORMATION:

DRIVER'S LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_

**ADDITIONAL SKILLS**

PLEASE CHECK ANY SKILLS BELOW IN WHICH YOU ARE PROFICIENT:

- |  |  |
|--|--|
| <input type="checkbox"/> TYPING _____ WPM          | <input type="checkbox"/> WINDOWS                           |
| <input type="checkbox"/> SHORTHAND OR SPEEDWRITING | <input type="checkbox"/> WORD PROCESSING                   |
| <input type="checkbox"/> MACHINE TRANSCRIPTION     | <input type="checkbox"/> SPREADSHEET                       |
| <input type="checkbox"/> MEDICAL TERMINOLOGY       | <input type="checkbox"/> DATABASES                         |
| <input type="checkbox"/> FOREIGN LANGUAGE _____    | <input type="checkbox"/> GRAPHICS                          |
| <input type="checkbox"/> OTHER: _____              | <input type="checkbox"/> ALPHANUMERIC DATA ENTRY _____ SPH |

PLEASE NOTE ANY ADDITIONAL SKILLS, EXPERIENCE, OR TRAINING THAT YOU FEEL IS IMPORTANT. PLEASE INCLUDE EQUIPMENT OR COMPUTER SOFTWARE USED.


**CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW**

I hereby affirm that the information on this application (and accompanying resume, if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I may be required to satisfactorily complete a drug screening as a condition of employment.

I understand that as part of the application process, information and references may be sought regarding my prior employment and other history, and that a criminal background check may be conducted, and I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information regarding my application or suitability for employment, and I completely release all such persons or entities from any and all liability related to the providing of or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the facility has the same right. I understand that no one has the authority to enter into any agreement contrary to the receding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

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