



PREMIER MEDICAL
ASSOCIATES

Application for Employment

Premier Medical Associates

Premier Medical Associates is an Equal Opportunity Employer. With regard to all of our employment practices, we do not discriminate on the basis of race, color, age, sex, religion, national origin, ancestry, disability, or veteran or current military status. We strive to employ and promote only those applicants and employees who are best suited for the position they seek to fill and who possess the necessary skills, education, experience and qualifications for the job. Please let us know if you are an applicant with a disability who needs an accommodation to participate in the application process.

PREMIER MEDICAL ASSOCIATES MAINTAINS A SMOKE FREE ENVIRONMENT

PLEASE READ CAREFULLY BEFORE COMPLETING. PRINT ALL INFORMATION.

POSITION(S) APPLIED FOR OR AREA(S) OF INTEREST SALARY DESIRED DATE AVAILABLE

PERSONAL

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY NO. ()
PRESENT ADDRESS-STREET	CITY	STATE	ZIP CODE ()
PERMANENT ADDRESS IF DIFFERENT FROM ABOVE	CITY	STATE	ZIP CODE TELEPHONE NO.

May we contact you at work? Yes No ()
WORK TELEPHONE NO.

Are you eligible for employment in the U.S.? Yes No Are there limitations to your eligibility? Yes No

NAME OF PERSON, AGENCY, SCHOOL OR NEWSPAPER REFERRING YOU TO US.

LIST NAMES USED IN PREVIOUS EMPLOYMENT IF DIFFERENT FROM THE ONE GIVEN ABOVE.

Have you ever been employed by Premier Medical Associates?
 Yes No If Yes, has it been within the past 180 days? Yes No

Are you currently bound by a restrictive covenant or non-compete agreement? Yes No

If Yes, explain _____

Have you ever been employed by the federal government? Yes No

If Yes, are there any restrictions on your ability to seek employment in the private sector? Yes No

If Yes, please explain _____

Many positions have varying schedules. Can you be available to work different shifts? Yes No

Weekends? Yes No Overtime? Yes No Holidays? Yes No

Have you ever been convicted of, or pleaded guilty or no contest to, a felony in any jurisdiction: Yes No

If Yes, explain fully and give date(s) of conviction or plea. (Conviction or plea does not necessarily rule out employment.)

Names of any relatives working for Premier Medical Associates. (Please explain relationship, e.g. parent, aunt, uncle, etc.)

EDUCATION

SCHOOL NAME/LOCATION	MAJOR/AREA OF SPECIALIZATION	YEARS COMPLETED	DEGREE RECEIVED	GPA/QPA
HIGH SCHOOL				
COLLEGE				
COLLEGE				
GRADUATE SCHOOL				
OTHER				

MILITARY STATUS IN THE U.S. ARMED FORCES

DATES OF ACTIVE MILITARY SERVICE (FROM - TO)	BRANCH OF SERVICE	RANK AT DISCHARGE
CURRENT MILITARY AFFILIATION		
MILITARY SPECIALIZATION		

EMPLOYMENT HISTORY

Please list your employment and salary history beginning with your current employment status and accounting for all periods, including U.S. Military and Unemployment periods as well as relevant part-time work experience.

EMPLOYER'S NAME	ADDRESS	() TELEPHONE NO.
TYPE OF BUSINESS	JOB TITLE	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (FROM - TO)	STARTING - ENDING SALARIES/ SUBJECT TO VERIFICATION	REASON FOR LEAVING
YOUR PRIMARY RESPONSIBILITIES. (YOU MAY OMIT RESPONSIBILITIES IF A DETAILED RESUME IS ATTACHED)		

May we use as a reference? Yes No

EMPLOYER'S NAME	ADDRESS	() TELEPHONE NO.
TYPE OF BUSINESS	JOB TITLE	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (FROM - TO)	STARTING - ENDING SALARIES/ SUBJECT TO VERIFICATION	REASON FOR LEAVING
YOUR PRIMARY RESPONSIBILITIES. (YOU MAY OMIT RESPONSIBILITIES IF A DETAILED RESUME IS ATTACHED)		

May we use as a reference? Yes No

EMPLOYER'S NAME	ADDRESS	() TELEPHONE NO.
TYPE OF BUSINESS	JOB TITLE	IMMEDIATE SUPERVISOR
EMPLOYMENT DATES (FROM - TO)	STARTING - ENDING SALARIES/ PERIOD OF EMPLOYMENT	REASON FOR LEAVING

YOUR PRIMARY RESPONSIBILITIES. (YOU MAY OMIT RESPONSIBILITIES IF A DETAILED RESUME IS ATTACHED)

May we use as a reference? Yes No

Have you ever been asked to resign or been discharged from a job? Yes No If Yes, please explain.

List past accomplishments or special skills that demonstrate the performance ability you would bring to Premier Medical Associates if you are hired. Include and leadership experience.

Give a summary of your career objectives.

REFERENCES

Previous supervisors preferred.

Name	Title	Company/Company Location	Telephone No. ()
BUSINESS REFERENCE			()
BUSINESS REFERENCE			()
BUSINESS REFERENCE			()
BUSINESS REFERENCE			()

PLEASE READ CAREFULLY

CONFLICT OF INTEREST I agree, if hired, I will perform the duties of my position in good faith and act in the best interest of Premier Medical Associates and avoid potential conflicts of interest. Premier Medical Associates defines conflict of interest as the opportunity to influence a business decision, either directly or indirectly, through your position with Premier Medical Associates or your outside personal interests in such a way that could result in personal gain or adversely affect the corporation.

Are there any relationships or activities involving you or a member of your immediate family that may create a conflict of interest or create the appearance of conflict of interest? Yes No If Yes, please describe the relationships, or activity involving you or your immediate family.

Note: Immediate family includes your "significant other," spouse or other relative, whether by blood, marriage or otherwise, who either (a) shares the same home, (b) is financially dependent upon you, or (c) whose investments are controlled by you.

AUTHORIZATION I certify that all information contained in this application is true, accurate and complete. I understand that any misrepresentation or omission of fact may disqualify me from further consideration for employment and may justify my dismissal from employment if discovered after I am hired.

If hired by Premier Medical Associates, I agree to abide by the Company's policies and procedures. If hired, I **UNDERSTAND AND AGREE THAT MY EMPLOYMENT WILL BE AT WILL, which means that I will have the right to terminate my employment at any reason and that Premier Medical Associates will have the same right; that my employment will not be for a definite period of time (either expressed or implied), and that no part of my employment relationship with Premier Medical Associates may be considered contractual in nature.**

I hereby authorize Premier Medical Associates to verify the accuracy of any information which I have supplied, to check my references and to conduct such other background checks as deemed appropriate. I understand that my employment, retention or promotion may be based, in whole or in part, on the information obtained from such sources. I hereby release and hold harmless any individual or organization, including records custodians, from all liability for damages that may result to me on account of furnishing such information to Premier Medical Associates.

I understand that any employment offer by Premier Medical Associates may be subject to the execution of a non-compete agreement.

I understand and agree that, if hired, my employment relationship with Premier Medical Associates shall be governed by Pennsylvania law.

I certify that all information I have provided to Premier Medical Associates in support of my application for employment is true and accurate.

Signature _____ Date _____
