



# JSR HEALTH

Office Ph 409-276-5595, 612-439-9572, Fax 314-405-9678



**EQUAL OPPORTUNITY EMPLOYER. It is our policy to comply with all applicable federal, state and local laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.**

**ADA Statement: It is our policy to provide "reasonable accommodation" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.**

### What position are you applying for?

- Front Desk   
  Medical Assistant   
  Radiology Technician   
  Nursing   
  Physician  
 Physician Assistant   
  Nurse Practitioner   
  Other

### Tell us about yourself:

Name \_\_\_\_\_  
Last, First, Middle, Maiden

Address \_\_\_\_\_  
Number, Street, City, State/Zip

Telephone Number \_\_\_\_\_ Are you over 18 years old?  Yes  No

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

***Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. All offers of employment are subject to verification of the applicant's identity and employment authorization. It will be necessary to submit such documents as are required by law to verify your identification and employment authorization upon employment.***

Are you authorized to work in the U.S. on an unrestricted basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you perform these essential functions with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Please indicate the hours you are available to work:

Day:	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holiday
Start:								
Finish:								

Do you prefer:  Part-Time  Full-Time?

Date available to start: \_\_\_\_\_

Desired wage or salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Are you willing to work overtime if required?

Yes

No

Have you ever been convicted of a felony?

Yes

No

*Conviction will not necessarily disqualify an applicant for employment.*

*If yes, please state nature of offense, dates, and disposition on back.*

**Education and Training:**

	Name & Location	Graduated?	Major	Diploma/Degree
High School				
College/Univ/Trade				
College/Univ/Trade				
Other				
Other				

**Certifications/Licenses:**

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**Professional References:**

Name	Dates Known	Relationship	Telephone No.
1.			
2.			
3.			

**Work History**

May we contact your present employer?

Yes

No

<b>Most Recent Employer:</b>			<b>Position:</b>
<b>Start Date:</b>	<b>End Date:</b>		<b>Supervisor:</b>
<b>Address:</b>	<b>City/State:</b>	<b>ZIP</b>	<b>Telephone:</b>
<b>Reason for Leaving:</b>			
<b>Employer:</b>			<b>Position:</b>
<b>Start Date:</b>	<b>End Date:</b>		<b>Supervisor:</b>
<b>Address:</b>	<b>City/State:</b>	<b>ZIP</b>	<b>Telephone:</b>
<b>Reason for Leaving:</b>			

<b>Employer:</b>		<b>Position:</b>	
<b>Start Date:</b>	<b>End Date:</b>		<b>Supervisor:</b>
<b>Address:</b>	<b>City/State:</b>	<b>ZIP</b>	<b>Telephone:</b>
<b>Reason for Leaving:</b>			

### Applicant's Certification and Agreement

The information that I have provided on this application for employment is true and complete to the best of my knowledge. I understand that any false statements, omissions or misstatements can be justification for refusal of employment, or if employed, result in termination of employment.

I authorize JSR HEALTH PLLC to make an investigation of any of the facts set forth in this application, including obtaining a consumer report that includes credit and criminal history, and release from any liability both the urgent care center and those who supply reference information and/or verification.

I understand and agree that this JSR HEALTH PLLC reserves the right to establish and change any of the terms and conditions of my employment at its discretion at any time, as it deems appropriate.

I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening or medical examination at any time at the request of JSR HEALTH PLLC. I hereby consent to having the results of any alcohol or drug screening or medical examination I may be required to undergo disclosed to the JSR HEALTH PLLC's owners or managers.

I authorize this JSR HEALTH PLLC to release any and all information about myself, my employment record, or my employment status to any individual or organization the urgent care center deems worthy of receiving such information. Also, I release all parties from all liability for any damages that may result from furnishing this information.

I certify that I have read all of the foregoing, understand the same, and do hereby voluntarily agree to all of the provisions of this authorization, certification, and agreement.

**I HAVE READ THE ABOVE STATEMENTS BEFORE SIGNING:**

**\*\* (PLEASE NOTE: Signature will be obtained at interview)**

<b>Applicant's Name (Print):</b>	
<b>** Applicant's Signature:</b>	<b>Date:</b>

