

As part of the application process, Physicians Network Association may conduct background checks on applicants.

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status, or physical or mental disability, except where a reasonable, bona fide occupational qualification exists.

— PLEASE TYPE OR PRINT IN INK —			Today's Date	
Name			Social Security Number	
Address			How Long?	
City			State	Zip Code
Daytime Telephone () ()	Home Telephone () ()	E-mail Address		
Position for which you are applying				
Check the following options you would consider <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary		If part time, specify hours or days		What is your minimum salary requirement?
Do you have any commitments to another employer that might affect your employment with us?				Date available for work

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?
High School/GED				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

List any other education, training, special skills or certificates/licenses that you possess related to the job.

Professional License/ Certification #	Professional License/ Certification Type	Issuing Agency	State Issued	Expiration Date
Professional License/ Certification #	Professional License/Certification Type	Issuing Agency	State Issued	Expiration Date

List any machines, equipment or software programs on which you are qualified and experienced in operating.

List any languages that you speak fluently: _____ Read/write: _____

Do you have a valid driver's license in this state? Yes No

Military Experience? Yes No If Yes, what branch? _____ Rank at separation _____

GENERAL INFORMATION

Can you, after employment, submit verification of your legal right to work in the United States? Yes No

Are you 16 years old or over? If under 18, state age _____ . Yes No

Were you previously employed by PNA? If Yes, give dates _____ Yes No

List any relatives working for PNA:

Can you perform the essential functions of the job? Yes No

Do you require any accommodation to perform the essential functions of the job?
If Yes, explain: _____ Yes No

EMPLOYMENT HISTORY

List all work experience beginning with the present or most recent job (use back of application, if necessary).

MOST RECENT JOB HELD	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed (from-to)		Title		
	Name and Title of Supervisor		Telephone Number ()		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed (from-to)		Title		
	Name and Title of Supervisor		Telephone Number ()		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed (from-to)		Title		
	Name and Title of Supervisor		Telephone Number ()		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

PREVIOUS EMPLOYMENT	Name of Employer		Type of Business		
	Address		City	State Zip Code	
	Dates Employed (from-to)		Title		
	Name and Title of Supervisor		Telephone Number ()		
	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time		
	Brief Description of Duties				
	Reason for Leaving			Last Salary \$	

BUSINESS REFERENCES

(List three individuals, in addition to listed employment references, known to you for at least three years.)

NAME	OCCUPATION / ASSOCIATION	TELEPHONE
1.		()
2.		()
3.		()

Person to be notified in case of emergency:

Name	Telephone ()
Address	

ADDITIONAL INFORMATION

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, honors received, etc. (You may omit all information that would indicate age, sex, sexual orientation, race, religion, color, national origin, or disability.)

CRIMINAL RECORD INFORMATION

All Applicants: Exclude any records expunged, annulled, sealed, or discharged under first-offender law.

During the past ten years, have you ever been convicted of, plead guilty to, or received probation, deferred adjudication, or any other type of alternative method of supervision or correction for a misdemeanor, having a penalty of imprisonment or a fine of more than \$500, or a felony? (Answering Yes is not an automatic bar to employment but will be considered in relation to specific job requirements.) Yes No

If Yes, explain: _____

Have you been convicted of a crime (exclude minor traffic cases; include DUIs)?

If yes, describe: _____ Yes No

Are criminal charges now pending against you?

If yes, describe: _____ Yes No

AGREEMENT (Please read the following statement carefully.)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to be the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all persons listed above (and on the accompanying resume, if any) to give Physicians Network Association any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and Physicians Network Association, from liability for any damage that may result from furnishing same to Physicians Network Association.

I understand that Physicians Network Association and its client have agreed that Physicians Network Association will provide workers' compensation insurance coverage for its employees. In the event of an injury in the workplace, I agree that my sole remedy lies in coverage under Physicians Network Association's workers' compensation insurance policy.

If employed by Physicians Network Association and its client company, I agree to abide by the policies and procedures of Physicians Network Association and its client company which includes Physicians Network Association's Anti-Harassment Policy. I further understand that my employment can be terminated, with or without cause or notice, at any time, at the discretion of Physicians Network Association, the client company or myself. I further understand that no manager or representative of Physicians Network Association or its client company other than the president of Physicians Network Association has any authority to enter into any agreement, oral or written, on behalf of Physicians Network Association for a term of employment or to make any assurance or promise of continued employment.

I understand that Physicians Network Association may obtain a consumer and/or investigative consumer report for employment purposes that may include information as to my character, general reputation, personal characteristics, mode of living, work experience and performance, along with reasons for termination of past employment. The report may also contain a records check of driving, criminal, credit, education, degrees, professional licenses and/or certification records depending on the position. By signing this application, I authorize the procurement of a consumer and/or investigative consumer report by Physicians Network Association as part of the pre-employment background investigation and if hired, at any time during my employment.

I understand and agree that I may be required to take a drug and alcohol screening test. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test result to Physicians Network Association for its use. I understand that any positive drug or alcohol result may preclude my employment.

Signature	Date
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