

Premier Medical Management of Mississippi

864 Wilson Drive, Suite C, Ridge land, MS 39157

601-206-6100 • Fax 601-206-6052

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION

PERSONAL INFORMATION

Name: _____ Date: _____
LAST FIRST MIDDLE INITIAL

Address _____
NUMBER STREET CITY STATE ZIP

Home Telephone Number: () _____ Bus./Message Phone: () _____

Social Security Number: _____

Please list other name(s) by which you have been known that will help us verify your education and work records:

Are you over 18 years of age? Yes No

Have you ever been employed by this organization or a subsidiary of this organization? Yes No

If hired, can you furnish proof of the right to work in the U.S.? Yes No

If no, have you the legal right to remain permanently in the U.S. Or are you authorized to be an employee in the U.S.? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain (Conviction will not necessarily bar you from employment)

Have you ever been excluded from the Medicare Program? Yes No

Office, Lab or Technical Equipment Operated _____

EMPLOYMENT DESIRED

Position(s) applied for: 1. _____

2. _____

Are you willing to relocate? Yes No

Desired geographic location: _____

Are you willing to travel? Yes No If yes, indicate how much: _____ %

Status desired: Full time Part time On call Temp until: _____

Date available for work: _____ Desired salary: \$ _____

Have you ever been employed by this organization? When? _____

Relatives employed by this organization: _____

EDUCATION AND TRAINING

SCHOOL	NAME	ADDRESS	TYPE OF DIPLOMA OR DEGREE RECEIVED
High School			
College			
College			
Graduate School			
Technical			
Other			

Please list any work training programs, seminars, extracurricular activities or any other educational experiences relevant to the positions applied for:

Currently taking course(s)? Yes No

EXPERIENCE						
LIST LAST OR PRESENT POSITION FIRST. List all relevant experience including paid employment, volunteer work, or work in the U.S. Armed Forces.						
DATE		NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO.	LAST PAY RATE (REQUIRED)	SUPERVISOR'S NAME/TITLE	
FROM MON. / YR.	TO MON. / YR.					
State title and describe briefly the work you did:					Reason for leaving:	
DATE		NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO.	LAST PAY RATE	SUPERVISOR'S NAME/TITLE	
FROM MON. / YR.	TO MON. / YR.					
State title and describe briefly the work you did:					Reason for leaving:	
DATE		NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO.	LAST PAY RATE	SUPERVISOR'S NAME/TITLE	
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State title and describe briefly the work you did:					Reason for leaving:	
DATE		NAME AND ADDRESS OF EMPLOYER	TELEPHONE NO.	LAST PAY RATE	SUPERVISOR'S NAME/TITLE	
FROM MON. / YR.	TO MON. / YR.					
State title and describe briefly the work you did:					Reason for leaving:	
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please explain in the space below any breaks in employment:						

PROFESSIONAL SKILLS AND LICENSURE

TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NO.
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TYPE	STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NO.

PROFESSIONAL REFERENCES

- | | | | | |
|------------|---------|------------------------|-------|-----|
| NAME | ADDRESS | CITY | STATE | ZIP |
| OCCUPATION | | REPORTING RELATIONSHIP | PHONE | |
- | | | | | |
|------------|---------|------------------------|-------|-----|
| NAME | ADDRESS | CITY | STATE | ZIP |
| OCCUPATION | | REPORTING RELATIONSHIP | PHONE | |
- | | | | | |
|------------|---------|------------------------|-------|-----|
| NAME | ADDRESS | CITY | STATE | ZIP |
| OCCUPATION | | REPORTING RELATIONSHIP | PHONE | |

SPECIAL SKILLS AND QUALIFICATIONS

Briefly describe how you are qualified for this position by virtue of your qualifications, aptitude, special skills or internships which you have not had the opportunity to present elsewhere on this form:

CERTIFICATION

I certify that the information contained in this application is true and correct to the best of my knowledge.

I further understand that any unanswered questions on this application may cause this application to be rejected, and that any false or misleading statements on this application may be cause for disqualification from further consideration or for dismissal from employment.

I authorize the investigation of all statements contained in this application through the use of background check before or after an offer of employment .

I authorize former employers, schools and other references to release any information required to determine my qualifications for the positions for which I am applying, and hereby release all individuals and organizations from any liabilities or damages on account of having furnished such information. I waive any right to receive any written notice from this organization or former employers that such information has been released.

I understand that my employment may be contingent upon the verification of my right to work in the United States.

I understand that my employment may be contingent upon passing a drug test.

If I am hired by Premier Medical Management of Mississippi, I understand that:

I shall preserve in strict confidence all information concerning the business of Premier Medical Management of Mississippi and its customers.

During my employment with Premier Medical Management of Mississippi, I shall not accept or hold employment with others that would create a conflict of interest; and

If employed by Premier Medical Management of Mississippi, I agree to conform to the guidelines and policies of Premier Medical Management of Mississippi.

I ACKNOWLEDGE THAT NO PROMISE REGARDING EMPLOYMENT HAS BEEN MADE TO ME, AND THAT ANY ASSURANCES OF CONTINUED EMPLOYMENT, WHETHER WRITTEN, ORAL OR BY CONDUCT, SHALL NOT BE INTERPRETED AS CHANGING THE "AT-WILL" NATURE OF MY EMPLOYMENT RELATIONSHIP WITH PREMIER MEDICAL MANAGEMENT OF MISSISSIPPI. I FURTHER UNDERSTAND THAT AN OFFER OF EMPLOYMENT DOES NOT CONSTITUTE A CONTRACT AND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE, FOR ANY REASON, AND WITH OR WITHOUT ADVANCE NOTICE, AND THAT THE COMPANY HAS A SIMILAR RIGHT I FURTHER UNDERSTAND THAT PREMIER MEDICAL MANAGEMENT OF MISSISSIPPI MAY ALSO DEMOTE OR DISCIPLINE ME, OR REASSIGN MY JOB RESPONSIBILITIES FOR ANY REASON, AT ITS SOLE DISCRETION. THIS POLICY OF AT-WILL EMPLOYMENT MAY NOT BE CHANGED EXCEPT IN A WRITING SIGNED BY THE PRESIDENT OF THE COMPANY.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS AND REQUIREMENTS, AND UNDERSTAND AND AGREE THAT ALL THE FOREGOING TERMS AND CONDITIONS WILL BECOME A PART OF MY EMPLOYMENT WITH PREMIER MEDICAL MANAGEMENT OF MISSISSIPPI. IF I AM EMPLOYED BY PREMIER MEDICAL MANAGEMENT OF MISSISSIPPI.

Date _____ Signature _____

Premier Medical Management of Mississippi, offers equal employment to all, based on individual merit, and does not discriminate on the basis of race, color, religion, national origin, disability, veteran status, marital status, sexual orientation, political belief, ancestry, pregnancy, sex, age or any other issues protected by law. No question on this application is intended to be used for any unlawful purpose. The questions on this application are intended to be non-discriminatory in nature and applicants are not required to submit any information which could be used for discriminatory purposes.