

APPLICATION FOR EMPLOYMENT

YUBAdocs Urgent Care considers all applications for employment without regard to race, color, religion, sex (gender, pregnancy, childbirth, pregnancy-related conditions and breastfeeding), gender identity and expression, national origin, ancestry, citizenship, age, marital status, registered domestic partner status, physical or mental disability, veteran status, medical condition (genetic information, cancer), sexual orientation or any other legally protected status.

Position: _____ **Desired Wage:** \$ _____ **Date:** _____

First Name: _____ **Middle:** _____ **Last Name:** _____

Mailing Address: _____

Physical Address (if different): _____

Phone #: _____ **Email Address:** _____

Are you over 18? Yes No

Full Time (32-40+hours) **Part Time (Less than 32 hours)** **Temporary/Seasonal**

Are you willing to work overtime if necessary? Yes No

What days and/or hours, if any, are you unavailable to work? _____

Are you able to safely perform the essential functions of the job for which you have applied?

(See Job Description) Yes No

If no, please describe the functions you cannot perform: _____

YUBAdocs Urgent Care complies with applicable laws regarding disabilities and considers reasonable accommodation measures that may be necessary for the known disabilities or qualified applicants/employees in order to perform the essential functions of the job. Hiring may be subject to passing a medical examination and skill and agility tests.

If hired, would you have reliable means of transportation to and from work? Yes No

Federal Laws require that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with such laws, the company will verify the status of every individual offered employment with the company. In this connection, all offers of employment are subject to verification of the applicants' identity and employment authorization, and it is necessary for you to submit such documents as are require by law to verify your identification and employment authorization upon employment.

Do you have the legal right to work and remain in the United States? Yes No

Are you Currently employed? Yes No *May we contact your present employer?* Yes No

Supervisor's Name & Phone Number: _____

Have you ever initiated an act of workplace violence or been disciplined for violence in the workplace? Yes No

If yes, describe what: _____

Do you have a record of engaging in harassment at work? Yes No

If yes, describe circumstances and outcome, but do not divulge names of individuals involved:

Education and Training:

School	Name & Address	Years Completed	Graduated?	Degree Earned
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Univ			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bus./Trade/Voc.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any specialized training, apprenticeship, skills, certifications and extracurricular activities related to the position for which you are applying: _____

If you are applying for a professional position, are you licensed/certified for the job applied for?

Yes No Name of license/certification: _____

Issuing State: _____ Number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state the reasons, date of revocation or suspension and the date of reinstatement:

Employment History: Past to Present. Last 4, if shorter than 10 years

Name of Employer: _____ Telephone: _____

Address: _____

Your Title: _____ Supervisor's Name/Title: _____

Dates of Employment: From _____ To _____ Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer: _____ Telephone: _____

Address: _____

Your Title: _____ Supervisor's Name/Title: _____

Dates of Employment: From _____ To _____ Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer: _____ Telephone: _____

Address: _____

Your Title: _____ Supervisor's Name/Title: _____

Dates of Employment: From _____ To _____ Reason for Leaving: _____

May we contact this employer for a reference? Yes No

Name of Employer: _____ Telephone: _____

Address: _____

Your Title: _____ Supervisor's Name/Title: _____

Dates of Employment: From _____ To _____ Reason for Leaving: _____

May we contact this employer for a reference? Yes No

State any additional information you feel may be helpful to us in considering your application (e.g. Why you feel you are particularly suited for this position): _____

List professional, trade, business or civic activities and offices held (You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or any other protected status): _____

Have you ever been terminated from any job for any reason? Yes No

Please Explain: _____

References: List 3 people who have supervised you at work who we may call for a reference.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize YUBAdocs Urgent Care or its agents the right to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I listed to disclose to the company any and all letters, reports and

other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in this application or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and YUBAdocs s Urgent Care. In addition, I understand any agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of myself or the company, and that no promises or representations contrary to the foregoing are binding on YUBAdocs Urgent Care unless made in writing and signed by me and Dr. Roger Hicks or Marc Loeb.

_____ I understand that any offer of employment I may receive from YUBAdocs Urgent Care is contingent upon my successful completion of the company's pre-employment screening process. This process may include a post-offer, pre-employment drug screening test, receiving satisfactory references, verification and suitability of information provided on this Employment Application from, your resume and interview.

_____ I understand that YUBAdocs Urgent Care policy is a Drug and Alcohol Free Workplace and prohibits an employee under the influence of intoxicants or controlled substances from working and that testing may be required if an employee is reasonably suspected to be under the influence, or who is involved in or who contributed to an accident involving injury or harm to individual's, property or equipment.

Applicant Name

Applicant Signature

Date