



Application for Employment

1301 Huffman Road, Suite 205
 Anchorage, Alaska 99515-3568
 Phone# (907) 345-2050 / Fax# (907) 345-9807

Please print clearly and fill out application completely. Please do not use "see resume". Ask for an explanation of any questions you do not understand. Incomplete applications will not be considered.

GENERAL INFORMATION				
Social Security Number		Date of Birth (e.g. Mo/Day/Year)		Date
Last Name	First Name	Middle Name		Home Phone ()
Other names used (if any)	E-Mail Address		Business / Message Phone ()	
Mailing Address	Street	City/State	Zip	
Do you have documentation to prove you are authorized to work in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you been employed by FirstCare Medical Centers, LLC. before? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates:			Check if you are under age 18: <input type="checkbox"/> (Work permit may be required if under 18)	
RELEVANT EXPERIENCE				
If applicable, original date of licensure for job title applying for:				
Job Title(s) applying for				
Area of Experience			Number of Years	
Area of Experience			Number of Years	
Area of Experience			Number of Years	
EDUCATION / PROFESSIONAL ACTIVITY				
Name of School, College, University or Trade / Technical School		City / State	Circle Last Year Completed	Degrees(s) Held
			1 2 3 4	
			1 2 3 4	
			1 2 3 4	
			1 2 3 4	
			1 2 3 4	
License / Certification / Registration				
For positions requiring licensure, etc... please complete the following:				
Type of License(s) etc.	State	Registration #	Expiration Date	Any Restrictions?
Driver's License (if applicable)				
For positions in which driving may be part of your job, you will need to provide proof of automobile insurance and a current driving record.				



EMPLOYMENT INFORMATION

**Starting with your most recent or present employer first, list all jobs held in the last 10 years.
Please do not use "see resume". If additional space is needed for previous employers, attach additional sheets.**

From Mo / Year	To Mo / Year	Employer		
/	/	Type of Business		Department
		Street Address		City, State, Zip
Supervisor		Your Position		Telephone ()
Job Duties _____ _____ _____				
Reason for Leaving		Final Salary		May we contact this employer? Please circle Yes No
From Mo / Year	To Mo / Year	Employer		
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SKILLS

- Keyboard _____ SPM Medical Transcription
 PBX / Telecommunications Personal Computer
 Medical Terminology

List of Software:

APPLICANT CERTIFICATION

Are you currently or have ever been self-employed or employed by a company or organization that provides services to FirstCare Medical Centers, LLC.? Yes No

Have you ever been fired, discharged or asked to resign from any position? Yes No
 If yes, explain from what organization and reason.

Have you ever been convicted of a crime including, but not limited to, a misdemeanor or felony? Yes No

Have you ever been or are currently on parole or probation? Yes No

A conviction record will not necessarily bar you from employment with FirstCare Medical Centers, LLC.

If you answered yes to either of these questions, a copy of the judgment must be attached in order to process your application.

PLEASE READ CAREFULLY BEFORE SIGNING

FirstCare Medical Centers, LLC. in Alaska is an equal opportunity / affirmative action employer. Applicants are considered in accordance with applicable laws prohibiting discrimination on the basis of race, creed, color, religion, national origin, age, sex, marital status, disability, sexual orientation or political affiliation.

I certify that the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand that, if employed, falsified or misleading statements on this application may be released in an authorized legal investigation. For the purpose of this certification, a photocopy of my original signature shall have the same force and effect as my original signature.

I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon successful completion of the employment process, which may include, but is not limited to the following: reference check, drug screen, criminal background check, education verification and completion of a health evaluation form. I understand that refusal to consent to any of the conditions of employment or falsifying any part of the application, shall be considered grounds for denial of employment by FirstCare Medical Centers, LLC. I further understand that, if employed, falsification or misrepresentation of facts associated with any of the above may be grounds for immediate dismissal.

I certify that I am not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in any federally funded health care program including Medicare and Medicaid, or otherwise deemed an “excluded provider” as defined by the Office of the Inspector General; and I understand that this fact may be verified by FirstCare Medical Centers, LLC. in the event that I am offered employment. I further understand that any such offer of employment will be conditional upon this verification and misrepresentation or failure to disclose such information shall be grounds for dismissal “for cause” if I am then employed by FirstCare Medical Centers, LLC.

I understand that this Application for Employment is not a contract of employment. If I am employed by FirstCare Medical Centers, LLC., I agree to conform to the standards of conduct, performance and policies of this organization, which may be unilaterally amended by FirstCare Medical Centers, LLC. from time to time. Furthermore my employment is and will continue to be on a basis of voluntary employment “At Will”.

I consent to and authorize disclosure to FirstCare Medical Centers, LLC. of any documents or information requested concerning my previous employment, educational history, character, general reputation and similar background information. I hereby release all parties and persons from all claims, liabilities and damages in connection with any requests for information, assessments or opinions of my suitability of employment, which may be provided.

Printed Name of Applicant

Signature

Date



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How did you learn about this job:

<input type="checkbox"/> Friend/Relative	<input type="checkbox"/> Direct Mail	<input type="checkbox"/> Internet _____ (Specify Source)
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Advertisement _____ (Specify Source)	<input type="checkbox"/> Other _____ (Describe)
<input type="checkbox"/> Job Fair/Career Day		
<input type="checkbox"/> Employee Referral	Name: _____	

APPLICANT INSTRUCTIONS

Please Read the Instructions before Completing Application

Welcome to FirstCare Medical Centers, LLC. We appreciate receiving your application for employment.

Finding the Right Job:

List of current positions and job profiles are available on our website. Please pay special attention to the shift available and other details regarding the position. You must meet the minimum job qualifications in order to be considered for the position.

APPLICATIONS ARE AVAILABLE AT EACH FIRSTCARE LOCATION; HOWEVER, YOUR COMPLETED APPLICATION MUST BE RECEIVED IN HUMAN RESOURCES (ADDRESS BELOW). EXTERNAL POSITIONS ARE POSTED FOR A MINIMUM OF 5 DAYS OR UNTIL FILLED; THEREFORE, A POSITION CAN CLOSE AT ANYTIME AFTER THE FIFTH POSTING DAY.

All sections on the application must be completely filled out: a resume is optional, and can be very helpful, but please do not consider it a substitute or use “see resume” on any section of the application. Be sure to **sign** and **date** your application.

All applications are reviewed for minimum qualifications. Due to the large number of applicants we receive, we are only able to contact individuals whose job skills and qualifications most closely match the job requirements of the position posted. If you are selected for an interview, you will be contacted.

FirstCare Medical Centers, LLC. Human Resources Department 1301 Huffman Road, Suite 205 Anchorage, Alaska 99515-3568	Telephone: 907-345-2050 Fax: 907-345-9807 Website: www.firstcareak.com
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All employees will be required to present a photo ID along with I-9 documentation on the First Day of Employment. Licensed personnel will be required to present original licensure, certification and/or registration. Other requirements may include, but is not limited to successful completion of the following: health screen, drug screen, education verification, driving record verification, reference check and a background check. Failure to comply with any of the above may result in termination of your employment.



FirstCare Medical Centers, LLC. in Alaska is a Drug Free Work Place. All offers of employment are contingent upon the candidate successfully passing a drug screen prior to the First Day of Employment.

To All Applicants

FirstCare Medical Centers, LLC. in Alaska is an Equal Opportunity Employer. The information on this form is needed to fulfill Federal Equal Employment Opportunity reporting requirements.

APPLYING FOR: (List Job Title) _____

ETHNICITY AND GENDER INFORMATION

	Male	Female
American Indian/Native American.....	<input type="checkbox"/>	<input type="checkbox"/>
Alaskan Native.....	<input type="checkbox"/>	<input type="checkbox"/>
Asian or Pacific Islander.....	<input type="checkbox"/>	<input type="checkbox"/>
African American.....	<input type="checkbox"/>	<input type="checkbox"/>
Hispanic.....	<input type="checkbox"/>	<input type="checkbox"/>
White.....	<input type="checkbox"/>	<input type="checkbox"/>

DEFINITIONS OF RACIAL/ETHNIC GROUP

The racial/ethnic groups for affirmative action programs and Federal reporting purposes are defined as follows.

- AMERICAN INDIAN OR NATIVE AMERICAN:** Any person having origins in any of the original peoples of North America, and who retains cultural identification through tribal affiliation or community recognition.
- ALASKAN NATIVE:** Any person having origins in any of the original peoples of Alaska, and who retains cultural identification through tribal affiliation or community recognition. Alaska Native may include, for example, any person of Yup'ik, Inupiat, Aleut, Athabascan, Tlingit, or Haida origin.
- ASIAN OR PACIFIC ISLANDER:** Any person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
- AFRICAN-AMERICAN:** (Not of Hispanic origin)-Any person having origins in any of the Black racial group of Africa.
- HISPANIC:** Any person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture origin, regardless of race.
- WHITE:** (Not of Hispanic origin)-Any person having origins in any of the original peoples of Europe, North Africa, or the Middle East.