

**CURTIS V.COOPER PRIMARY HEALTH CARE, INC.
 2 ROBERTS ST. * 106 E. BROAD ST. * 349 W. BRYAN ST. * 5354 REYNOLDS ST
 P.O. BOX 2024 SAVANNAH, GEORGIA. 31402 912-527-1000**

APPLICATION FOR EMPLOYMENT

(MR..MRS..MS)

NAME: _____ DATE ___/___/___
 LAST FIRST MI

IF YOU WERE EMPLOYED UNDER A DIFFERENT SURNAME, PLEASE INDICATE SO THAT WE MAY CHECK REFERENCES _____

POSITION APPLYING FOR: _____ WHEN CAN YOU REPORT FOR WORK? _____

ARE YOU PRESENTLY EMPLOYED? ___ MINIMUM SALARY OR WAGE EXPECTED \$ _____ PER _____

PHONE NUMBER _____ SOCIAL SECURITY NUMBER: _____

 PRESENT ADDRESS CITY STATE ZIPCODE

 PERMANENT ADDRESS CITY STATE ZIPCODE

ARE YOU A UNITED STATES CITIZEN? ____, NATURALIZED CITIZEN: ____, IF NEITHER, PLEASE SPECIFY: _____

MILITARY:

HAVE YOU EVER SERVED IN THE MILITARY SERVICE? _____ SERIAL NUMBER(S) _____

GIVE DETAILS OF SERVICE

BRANCH: _____ RANK INDUCTION _____ RANK DISCHARGE: _____

TYPE OF DUTY: _____ REASON FOR DISCHARGE _____

DATE OF DISCHARGE: ___/___/___

EDUCATION

| SCHOOLS | NAMES & ADDRESSES | DATES FROM-TO | GRADUATED YES-NO | TYPE OF DIPLOMA-DEGREE | SUBJECT OF SPECIALIZATION |
|-------------|-------------------|---------------|------------------|------------------------|---------------------------|
| HIGH SCHOOL | | | | | |
| COLLEGE | | | | | |
| COLLEGE | | | | | |
| OTHER | | | | | |

CURTIS V. COOPER PRIMARY HEALTH CARE IS AN EQUAL OPPORTUNITY EMPLOYER
"CVCPHC IS A DRUG FREE WORKPLACE"

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I HEREBY GRANT PERMISSION TO CURTIS V. COOPER PRIMARY HEALTH CARE TO CONTACT THE EMPLOYER LISTED AND FURTHER, I HEREBY AUTHORIZE MY FORMER AND/OR PRESENT EMPLOYER TO GIVE ANY INFORMATION AS TO MY BEHAVIOR, PERFORMANCE, AND EMPLOYMENT RECORD WITH THEM.

I HEREBY RELEASE FROM ALL LIABILITY AND DAMAGES THOSE INDIVIDUALS, COMPANIES OR AGENCIES WHO PROVIDE INFORMATION AS STATED ABOVE: SIGNATURE: _____ DATE ___/___/___

RECORD OF EMPLOYMENT

TO BE COMPLETED ONLY BY PRESENT/PREVIOUS EMPLOYER

NAME OF PRESENT/PREVIOUS EMPLOYER _____ DATE ___/___/___

ADDRESS _____

CITY & STATE _____

APPLICANT NAME _____

POSITION APPLIED FOR _____

POSITION HELD AT YOUR COMPANY _____

DATES WORKED AT YOUR COMPANY _____

1. YOUR WORKING RELATIONSHIP WITH APPLICANT _____

2. POSITION(IF DIFFERENT FROM ABOVE) _____

3. IS THE INFORMATION PROVIDED ABOVE BY THE EMPLOYEE, CORRECT ___ YES ___ NO

4. REASON FOR LEAVING _____

5. WOULD YOU REHIRE THIS PERSON? ___ YES ___ NO IF NO PLEASE

EXPLAIN _____

6. STRONG POINTS _____

7. WEAK POINTS _____

QUALITY OF WORK 5 4 3 2 1

PRODUCTIVITY 5 4 3 2 1

DEPENDABILITY 5 4 3 2 1

INITIATIVE 5 4 3 2 1

PROFESSIONAL APPEARANCE 5 4 3 2 1

COMMUNICATION/INTERPERSONAL SKILLS 5 4 3 2 1

ATTENDANCE/PUNCTUALITY 5 4 3 2 1

8. PLEASE VERIFY DATES OF EMPLOYMENT WITH YOUR COMPANY FROM ___/___/___ TO ___/___/___

ADDITIONAL COMMENTS _____

SIGNATURE _____

TITLE _____ DATE _____

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LICENSURE:

| TYPE | STATE | DATE RECEIVED | LAST RENEWAL | CERTIFICATE NO# | EXAMINATION | RECIPROCITY |
|------|-------|---------------|--------------|-----------------|-------------|-------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

WHAT OFFICE MACHINES CAN YOU OPERATE?

DO YOU HAVE ANY RELATIVES WORKING FOR CURTIS V.C OOPER PRIMARY HEALTH CENTER? _____

IF YES, PLEASE GIVE NAME(S) _____

MAY WE CONTACT YOUR PRESENT EMPLOYER? _____

EMPLOYMENT:

GIVE PAST EMPLOYMENT RECORDS AS COMPLETELY AS POSSIBLE, STARTING WITH YOUR PRESENT OR LAST EMPLOYER. INCLUDE SUMMER EMPLOYMENT. FOR ANY UNEMPLOYMENT OR SELF-EMPLOYMENT PERIODS, SHOW DATES AND LOCATIONS. ATTACH RESUME OR SEPARATE SHEET IF NEEDED.

COMPANY NAME: _____ DATES FROM ___/___/___ TO ___/___/___

ADDRESS _____ SALARY: START \$ _____ ENDING \$ _____

JOB TITLE _____

SUPERVISOR _____ TELEPHONE # (____) _____

MAJOR DUTIES _____

REASON FOR LEAVING _____

COMPANY NAME: _____ DATES FROM ___/___/___ TO ___/___/___

ADDRESS _____ SALARY: START \$ _____ ENDING \$ _____

JOB TITLE _____

SUPERVISOR _____ TELEPHONE # (____) _____

MAJOR DUTIES _____

REASON FOR LEAVING _____

COMPANY NAME: _____ DATES FROM ___/___/___ TO ___/___/___

ADDRESS _____

JOB TITLE _____

SUPERVISOR _____ TELEPHONE# (____) _____

MAJOR DUTIES _____

REASON FOR LEAVING _____

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REFERENCES

GIVE THE NAMES OF THREE PERSONS TO WHOM YOU ARE NOT RELATED AND BY WHOM YOU HAVE NOT BEEN EMPLOYED.

| NAME | ADDRESS | BUSINESS # | HOME# | YEARS KNOWN |
|-------------|----------------|-------------------|--------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ____ IF YES, GIVE COMPLETE DETAILS _____

WHERE: _____ DATE: __/__/____ NATURE OF CONVICTION:

HAVE YOU EVER BEEN DISCHARGED OR REQUESTED TO RESIGN FROM ANY POSITION? _____

IF YES, GIVE COMPLETE DETAILS: _____

IF YES, DESCRIBE CIRCUMSTANCES: _____

APPLICANT'S CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE CORRECT AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION CONTAINED IN THIS APPLICATION MAY RESULT IN MY DISCHARGE.

I AUTHORIZE YOU TO COMMUNICATE WITH ALL MY FORMER EMPLOYERS, SCHOOL OFFICIALS, AND PERSONS NAMED AS REFERENCES. I HEREBY RELEASE EMPLOYERS, SCHOOLS, AND INDIVIDUALS FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER RESULTING FROM GIVING SUCH INFORMATION. I UNDERSTAND THAT ADDITIONAL BACKGROUND AND CRIMINAL RECORD CHECKS MAY ALSO BE CONDUCTED.

I UNDERSTAND THAT AS THIS ORGANIZATION DEEMS NECESSARY, I MAY BE REQUIRED TO WORK OVERTIME HOURS AND HOURS OUTSIDE A NORMALLY DEFINED WORK DAY OR WORK WEEK. **IF EMPLOYED, I UNDERSTAND AND AGREE THAT I WOULD BE AN AT-WILL EMPLOYEE AND CURTIS V. COOPER PRIMARY HEALTH CARE OR I COULD TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

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DATE: _____ SIGNATURE: _____

I HEREBY AUTHORIZE _____

TO RECEIVE ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY
BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

FULL PRINTED NAME

ADDRESS

CITY

STATE

ZIPCODE

SEX

RACE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

SIGNATURE

DATE

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I, _____, UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO A SCREENING FOR ALCOHOL, DRUGS, AND OTHER CONTROLLED SUBSTANCES IN CONNECTION WITH MY APPLICATION FOR EMPLOYMENT PURSUANT TO CVCPHC'S DRUG AND ALCOHOL POLICY, WHICH HAS BEEN MADE AVAILABLE TO ME. I HEREBY CONSENT FOR CVCPHC, A COLLECTION FACILITY, AND A LABORATORY TO PERFORM APPROPRIATE TESTS OR EXAMINATIONS FOR THE PRESENCE OF ALCOHOL, DRUGS, OR OTHER CHEMICAL SUBSTANCES. FURTHER, I GIVE MY CONSENT FOR THE RELEASE OF THE TEST RESULTS, OR OTHER MEDICAL INFORMATION, TO A MEDICAL REVIEW OFFICER AND/OR AUTHORIZED MANAGEMENT OF CVCPHC FOR APPROPRIATE REVIEW. I UNDERSTAND THAT IF I REFUSE TO CONSENT, THE OFFER OF EMPLOYMENT MAY BE WITHDRAWN OR, IF I AM ALREADY WORKING, I MAY BE TERMINATED. I ALSO UNDERSTAND THAT A POSITIVE TEST RESULT MAY RESULT IN THE WITHDRAWAL OF THE OFFER OF EMPLOYMENT, OR IF I AM ALREADY WORKING TERMINATION OF EMPLOYMENT. I RELEASE CVCPHC, ITS EMPLOYEES, MANAGEMENT AND ITS DESIGNATED MEDICAL OR PROFESSIONAL REPRESENTATIVES, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION RESULTING FROM SUCH A TEST, THE RELEASE OF THE RESULTS OF THE TEST, AND ANY DECISIONS RESULTING THEREFROM. THIS CONSENT IS VALID FOR ONE YEAR FROM THE DATE OF MY SIGNATURE BELOW.

DATE

EMPLOYEE SIGNATURE

DATE

WITNESS