Pain & Rehabilitative
CONSULTANTS MEDICAL GROUP

Employment Application

PLEASE PRINT OR TYPE

_____
Date

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

Present Address

_____ _____ _____ _____-_____
No. & Street City State Zip

Permanent Address (if different from present address)

_____ _____ _____ _____-_____
No. & Street City State Zip

(_____) _____-_____ (_____) _____-_____
Home Phone Cell Phone

Employment Desired

Position applying for: _____

Salary Desired: _____

Personal Information

Have you ever applied to or worked for PRCMG before? ☐ Yes ☐ No

If yes, when? _____

Do you have any friends or relatives working for PRCMG? ☐ Yes ☐ No

If yes, state name(s) and relationship:

_____ _____
Name Relationship

_____ _____
Name Relationship

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

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

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.)
..... ☐ Yes ☐ No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? ..... ☐ Yes ☐ No

If no, describe the functions that cannot be performed.

_____

_____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you available to work: ..... ☐ Full-Time ☐ Part Time ☐ Temporary

This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

Can you travel if required? ..... ☐ Yes ☐ No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? ..... ☐ Yes ☐ No

Education, Training, and Experience

Type	School Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School	_____ Name _____ Address _____ City _____ State _____ Zip	_____	☐ Yes ☐ No	_____
College/ University	_____ Name _____ Address _____ City _____ State _____ Zip	_____	☐ Yes ☐ No	_____
Vocational/ Business	_____ Name _____ Address _____ City _____ State _____ Zip	_____	☐ Yes ☐ No	_____
Graduate Studies	_____ Name _____ Address _____ City _____ State _____ Zip	_____	☐ Yes ☐ No	_____

List any professional, trade, business or civic activities, offices, certifications held:
(You may exclude leaderships which would reveal sex, race, religion, national origin, age ancestry, disability or other protected status.)

1335 Stanford Avenue Emeryville, California 94608 (P) 510 647-5101 (F) 510 647-5105

Please note 1) PRCMG is an equal opportunity employer & 2) This application for employment is good for 90 days only. Consideration for employment after 90 days requires a new application.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

_____ (_____) _____-_____
Name of Employer Telephone

_____ _____
Type of Business Your Supervisor's Name

_____ _____ _____ _____
Address & Street City State Zip

Dates of Employment: _____ _____
From To

_____

Your Position and Duties

_____
Reason for Leaving

May we contact this employer for a reference? ..... ☐ Yes ☐ No

_____ (_____) _____-_____
Name of Employer Telephone.

_____ _____
Type of Business Your Supervisor's Name

_____ _____ _____ _____
Address & Street City State Zip

Dates of Employment: _____ _____
From To

_____

Your Position and Duties

_____
Reason for Leaving

May we contact this employer for a reference? ..... ☐ Yes ☐ No

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_____ (_____) _____-_____
Name of Employer Telephone

_____ _____
Type of Business Your Supervisor's Name

_____ _____ _____ _____
Address & Street City State Zip

Dates of Employment: _____ _____
From To

_____
Your Position and Duties

_____
Reason for Leaving

May we contact this employer for a reference? ..... ☐ Yes ☐ No

References

List below three persons not related to you who have knowledge of your work performance within the last five years.

_____ _____ (_____) _____-_____
First Name Last Name Telephone

_____ _____ _____ _____
Address & Street City State Zip

_____ _____
Occupation No. of Years Acquainted

_____ _____ (_____) _____-_____
First Name Last Name Telephone

_____ _____ _____ _____
Address & Street City State Zip

_____ _____
Occupation No. of Years Acquainted

_____ _____ (_____) _____-_____
First Name Last Name Telephone

_____ _____ _____ _____
Address & Street City State Zip

_____ _____
Occupation No. of Years Acquainted

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Please read carefully, initial each paragraph, and sign below

EQUAL OPPORTUNITY EMPLOYER

Initials:

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that 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 on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize **PRCMG** to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have 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 the Company, my former employers and all other persons, corporations, partnerships and 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 the 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 **PRCMG**. In addition, I understand and 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 either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ I understand that a background check may be conducted after a conditional employment offer has been made and that if employed, a background check may be conducted periodically as deemed necessary by the employer. Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

☐ I waive receipt of a copy of any public record described in the paragraph above.

_____ _____

Date ***Applicant's Signature***

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