



Southern West Virginia Health System

Lincoln Primary Care Center Inc.

LINCOLN PRIMARY CARE CENTER, INC. SOUTHERN WEST VIRGINIA HEALTH SYSTEM APPLICATION FOR EMPLOYMENT

**Lincoln Primary Care Center, Inc./Southern WV Health System is an Equal
Employment Opportunity employer and as such meets all government regulations
pertaining to Equal Employment Opportunity.**

NAME _____ Date _____
First Middle Last

PRESENT ADDRESS _____
No. Street City State Zip Code

Telephone Number (Where you can be reached) _____

E-mail Address _____

Are you 18 years of age or older? Yes _____ No _____

Are you lawfully entitled to work in the United States? _____ (Proof of citizenship or immigration is required upon employment.)

Have you ever been convicted of a misdemeanor or a felony? _____ No _____ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Date that you are available to begin employment here _____

Are you willing to travel? _____ Relocate? _____

Have you previously applied at Lincoln Primary Care Center / SWVHS? _____, When _____

What position or type of work are you applying for? _____

Expected Wages or Salary _____

EDUCATIONAL BACKGROUND:

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College hours completed _____

Type of School	Name & Location	Graduate		Degree	Field of Study	Grade point Average
		Yes	No			
High School						
Business or Trade						
College or Univ.						
Post Graduate						

Please list all pertinent certificates, awards or courses _____

Are you currently enrolled in any educational pursuits? _____

What and where _____

Do you have plans to continue your studies? If so list them _____

List major activities, honors, awards or elective offices which have contributed to your goals & interests

MILITARY SERVICE: Are you a veteran of the U.S. Military Service? Yes ____ No ____

Branch of Service:	Highest Rank or Rate:
Indicate any military experience or training you feel might apply or be of value to LPCC / SWVHS.	

EMPLOYMENT EXPERIENCE:

Most Recent Position:

Name of Employer _____ Your Title _____

Employment Dates _____ to _____ Supervisor _____

Address _____ Phone Number _____

Describe Your Position _____

Rate of Earnings _____

Reason for Leaving _____

Name of Employer _____ Your Title _____

Employment Dates _____ to _____ Supervisor _____

Address _____ Phone Number _____

Describe Your Position _____

Rate of Earnings _____

Reason for Leaving _____

Name of Employer _____ Your Title _____

Employment Dates _____ to _____ Supervisor _____

Address _____ Phone Number _____

Describe Your Position _____

Rate of Earnings _____

Reason for Leaving _____

Name of Employer _____ Your Title _____

Employment Dates _____ to _____ Supervisor _____

Address _____ Phone Number _____

Describe Your Position _____

Rate of Earnings _____

Reason for Leaving _____

PERSONAL REFERENCES:

Provide information regarding three references that are not related to you and are willing to discuss your work history, experience and ethics.

Name:	Telephone/Cell Number	Relationship	Where did you work together
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify that the following information is accurate, and I authorize Lincoln Primary Care Center, Inc. / Southern West Virginia Health System (SWVHS) to verify my information. I specifically authorize LPCC / SWVHS to obtain information from my former employers and other references, and I authorize my former employers and other references to release information to LPCC / SWVHS. I authorize LPCC / SWVHS to perform an extensive background check, which can include criminal, drivers' license, educational and licensing agencies.

I agree that any false or misleading statement in this application for employment or any additional forms signed by me in connection with my employment shall be sufficient cause for refusal or termination of employment.

I understand that this application **is not** intended to be a contract of employment. I agree to submit to a physical examination applicable to the requirements of the type of work for which I am applying, including **drug and alcohol screening**.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated. **I also understand that, if hired, my employment is based on an at will basis.**

Print Name _____ Date _____

Signature _____ Date _____



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Federal Regulations require Lincoln Primary Care Center, Inc. / Southern West Virginia Health System to maintain the following information on all individuals making application of employment. This information is retained separate and apart from all Applications for Employment and is not used for the purposes of making employment decisions. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, national origin, military status, disability or age. We appreciate your cooperation.

NAME _____ DATE _____

Gender: Male _____ Female _____

Race: _____ White (not Hispanic origin) _____ American Indian
_____ Black (not of Hispanic origin) _____ Asian or Pacific Islander
_____ Hispanic _____ Alaskan Native

Circle if Applicable: Vietnam Era Veteran
 Disabled Veteran
 Disabled Individual

Circle Position for which you are applying:
 Management
 Professional (PA, NP, Providers, Accountant, HR)
 Nursing (MA, LPN, RN)
 Clerical
 Technical/Maintenance

Signature

Date