

Family Practice Associates of Lexington, PSC
1775 Alysheba Way Suite 201
Lexington, KY 40509
(859)278-5007

PERSONAL INFORMATION

Your Name:	(Last)	(First)	(Middle)	Social Security#:
Address:				
(Street)		(City)	(State)	(Zip)
Telephone: ()		Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Position(s) you are applying for:				
Date available for work:		Rate of pay expected: _____ per		
Work area preferred:		Days/shift desired:		
Type of employment desired: Full time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/>			Are you willing to work weekends and holidays? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, date and nature of conviction:				
Are you willing to substitute at another location? Yes <input type="checkbox"/> No <input type="checkbox"/>				
List any relatives who work for Family Practice Associates:				

EDUCATIONAL INFORMATION

Type of School	Dates Attended	School Name/City	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Major/ Course	Degree Received
High					
College					
Graduate					
Other					

List any professional license, certification, and/or registration you possess:	
States where registered:	Expiration Date:
Has your professional license, certification, and/or registration ever been suspended or revoked? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, why?	
Do you authorize us to inquire about your licensure, certification, and/or registration with the appropriate licensing	

agency or board? Yes No

EMPLOYMENT INFORMATION

List below all present and past employment, beginning with most recent.

Employer Name/Address/ Phone/Supervisor's Name	Dates of Employment	Job Title and Duties	Ending Salary	Reason for Leaving

May we contact the employers you listed? Yes No

If no, explain:

Explain any periods of unemployment during the past five years:

Have you ever served in the U.S. Armed Forces? Yes No

If yes, which branch?

Date entered:

Date discharged:

List any other skills, training, or qualifications, not yet mentioned, which you think would benefit this organization:

List below three people we can call as references for you. These need to be **work** related, not family or friends.

Reference Name	How you know this reference	Reference Phone Number

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APPLICANT CERTIFICATION AND AGREEMENT - READ CAREFULLY

I agree that:

I consent to all medical examinations and tests required by Family Practice Associates of Lexington, PSC:

I release from liability all representatives of Family Practice Associates of Lexington, PSC for any acts performed in good faith and without malice in connection with evaluating my application, competence, credentials, character, and qualifications.

I understand that:

Family Practice Associates of Lexington, PSC adheres to the "Employment at Will" doctrine that has been recognized by Kentucky courts. Under this doctrine, I am free, or the company is free to terminate my employment relationship at any time and for any reason.

I understand that the needs of Family Practice Associates of Lexington, PSC may make overtime, shift work, a rotating work schedule, or a work schedule other than a standard schedule a mandatory condition of my employment. I also understand, upon termination of my employment, I must return any Company property issued to me or I will authorize the value of same to be deducted from my wages.

If employed, I understand that my employment is not guaranteed for a definite period of time. If my employment is terminated in the future, I understand that the Company is liable for my wages earned as of the date of my termination.

All statements made by the applicant on this application form will be checked for accuracy. Family Practice Associates of Lexington, PSC offers equal employment opportunities to all persons without regard to race, color, religion, age, sex, national origin, or disability.

I certify that the information provided by me on this application is true to the best of my knowledge. Any false statements may result in termination of my employment.

Signature of Applicant

Date