

PROVIDENCE MEDICAL GROUP, INC.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Date _____

PERSONAL INFORMATION

(Please Print)

NAME _____
(Last) (First) (Middle)

ADDRESS _____
(Street) (City) (State) (Zip)

TELEPHONE NUMBER () _____ SOCIAL SECURITY NUMBER _____

Are you 18 years of age or older? Yes No

Have you ever been convicted of any misdemeanor or felony (this includes, without limitation, pleading guilty, pleading no contest, or having a judicial finding of guilt)? Yes No

If yes, where, for what, and give dates: _____

Type of Position Applying for: _____ (Describe)
Full-Time Part-Time Temporary

Salary or Rate of Pay Desired? _____ Date available to start work? _____

Previously employed by Providence Medical Group, Inc. ("PMG")? Yes No

If yes, list dates of employment, location, and position held: _____

Any relative(s) currently working at PMG? Yes No

If yes, list each employee's name(s), relationship(s), and PMG location(s): _____

Will you work overtime hours? Yes No

Do you have a reliable means of transportation to and from work? Yes No

Please list below three persons you have known for at least one year (exclude former employers and relatives).

Name and Occupation	Address	Phone Number

EDUCATIONAL BACKGROUND

Type of School	Name and Address	Course of Study	Did You Graduate?	List Degree or Diploma
High School				
College				
Graduate School				
Business or Trade				
Other				

WORK HISTORY (LIST MOST RECENT EMPLOYER FIRST)

Date, Month, and Year	Employer's Name, Address, Phone No.	Supervisor's Name, Address, Phone No.	Job Title and Duties	Salary/ Hourly Rate		Reason for Leaving
				Start	End	
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						
From:						
To:						

Are you known to schools/references/employers by another name? Yes No

If yes, please indicate the name(s): _____

List any special skills or training you feel we should be aware of in considering your application:

* * *

Can you type? Yes No W.P.M. _____

Computer Program Experience: MS Office Excel Access Windows Other _____

Office Equipment Experience: Copier Fax PBX

APPLICANT STATEMENT

1. I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by Providence Medical Group, Inc. ("PMG"), will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

2. My signature authorizes PMG or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify PMG, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.

3. I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by PMG if I am made a contingent offer of employment. I release and agree to indemnify PMG, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination or drug/alcohol screen.

4. I agree and consent that PMG may inspect any PMG property at any time and for any reason, without notice. This property includes, without limitation, work stations, computers, offices, desks, lockers, voice mail, and filing cabinets. Additionally, I agree and consent that any personal items I bring onto PMG's premises are subject to inspection at any time and for any reason, without prior notice.

5. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.

6. I understand and agree if I am employed by PMG, my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, PMG can terminate my employment at any time and for any or no reason. I also understand and agree that nothing contained in PMG's employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and PMG for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that PMG may modify, revoke, suspend, terminate, or change any or all of its plans, policies, or procedures at any time, without prior notice. No promises or guarantees regarding employment, hours of work, or for the providing of benefits have been made to me. I further understand and agree that no such promise or guarantee is binding on PMG unless it is in writing signed by me and the Chief Executive Officer of PMG, and that document states that the employment relationship is not "at-will" and details the specific promise or guarantee.

7. **READ CAREFULLY BEFORE SIGNING.** In consideration of PMG's review of my application, I knowingly agree and understand that any claim or lawsuit arising out of my application for employment with, my employment with, or subsequent separation from PMG must be filed no more than one hundred and eighty (180) calendar days after the date the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims or actions arising out of an employment action may be longer than one hundred and eighty (180) calendar days, I agree to be bound by the one hundred and eighty (180) calendar day period of limitations set forth herein, and I waive any STATUTE OF LIMITATIONS TO THE CONTRARY.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

Applicant's Signature

Date