

**PRIMARY HEALTH CHOICE, INC.**  
**Mental Health Services**  
**... Individual's First Choice**

**APPLICATION FOR EMPLOYMENT**

**DATE OF APPLICATION:** \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Name:</b>	<b>Phone:</b>	<b>Cell:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Social Security Number:</b>	<b>Date of Birth:</b>	<b>DL#:</b>	<b>DL# Expiration Date:</b>

**EMPLOYMENT DESIRED: Check the appropriate box**

**FORMCHECKBOX PERMANENT FULL-TIME      FORMCHECKBOX PERMANENT PART-TIME**  
**FORMCHECKBOX TEMPORARY FULL-TIME      FORMCHECKBOX TEMPORARY PART-TIME**

**POSITION APPLYING FOR: Check the appropriate box**

**FORMCHECKBOX COMMUNITY SUPPORT STAFF    FORMCHECKBOX CLERICAL    FORMCHECKBOX QUALIFIED PROFESSIONAL    FORMCHECKBOX CLINICAL THERAPIST**  
**FORMCHECKBOX OTHER \_\_\_\_\_**

<b>Earliest Date Available to work:</b>	<b>Salary Desired:</b>
---	------------------------

**HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE:      FORMCHECKBOX YES      or      FORMCHECKBOX NO**

**HAVE YOU LIVED OUTSIDE THE STATE of NORTH CAROLINA INT THE PAST FIVE (5) YEARS:**

**FORMCHECKBOX YES      or      FORMCHECKBOX NO**

**HAVE YOU EVER BEEN CONVICTED OF A FELONY? FORMCHECKBOX YES      or      FORMCHECKBOX NO {IF YOU ANSWERED YES, PLEASE DESCRIBE BELOW}**  
**DESCRIBE:**


**EDUCATION:**

	<b>NAME &amp; ADDRESS</b>	<b>DATES ATTENDED</b>	<b>DEGREE RECEIVED</b>
<b>HIGH SCHOOL</b>			
<b>COLLEGE/ UNIVERSITY</b>			
<b>GRADUATE SCHOOL</b>			
<b>OTHER</b>			

**SPECIAL TRAINING or VOLUNTEER WORK RECEIVED IN THE AREA OF EMPLOYMENT YOU ARE APPLYING:**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

**PREVIOUS EMPLOYMENT HISTORY: {List three (3) employers from present to past}**

<b>COMPANY NAME:</b>		<b>PHONE:</b>
<b>DATES EMPLOYED:</b>		<b>POSITION HELD:</b>
MONTH/YEAR:        /        to        /		
<b>SALARY:</b>	<b>LAST WORKED:</b>	<b>REASON FOR LEAVING:</b>

<b>COMPANY NAME:</b>		<b>PHONE:</b>
<b>DATES EMPLOYED:</b>		<b>POSITION HELD:</b>
MONTH/YEAR:        /        to        /		
<b>SALARY:</b>	<b>LAST WORKED:</b>	<b>REASON FOR LEAVING:</b>

<b>COMPANY NAME:</b>		<b>PHONE:</b>
<b>DATES EMPLOYED:</b>		<b>POSITION HELD:</b>
MONTH/YEAR:        /        to        /		
<b>SALARY:</b>	<b>LAST WORKED:</b>	<b>REASON FOR LEAVING:</b>

**REFERENCES: {Please complete all information}**

<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE NUMBER:</b>
<b>RELATIONSHIP:</b>		<b>YEARS KNOWN:</b>
<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE NUMBER:</b>
<b>RELATIONSHIP:</b>		<b>YEARS KNOWN:</b>
<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE NUMBER:</b>
<b>RELATIONSHIP:</b>		<b>YEARS KNOWN:</b>

Primary Health Choice, Inc. provides "Employment-at-Will" which simply means that unless there is a specific law to protect employees or there is an employment contract providing otherwise, then an employer can treat its employees as it sees fit (including the assignment of demeaning tasks) and the employer can discharge an employee at the will of the employer for any reason or no reason at all. It is also up to each employer to decide if its employees may see their own personnel file or not.

Employment with Primary Health Choice, Inc. provides assistance to people of different physical and mental disabilities. Immediate grounds for termination can or will be for grossly inefficient job performance or unacceptable personal conduct. All applicants are required to provide a valid Driver's license, Social Security Card, and Original Transcript for the highest degree earned, proof of Auto Insurance and a current TB Skin Test. Please be advised all employees of Primary Health Choice, Inc. is on a probationary period for the first 90 days of employment. All employees must complete required before employment may begin, and all additional trainings required by the agency or state must be completed for continues employment. All of the application and an Authorization for Consent must be completed for consideration of employment with the agency.

*I certify that the information contained in this application is true to the best of my knowledge. Falsified statements on this application or falsified documents submitted with this application will qualify me from further consideration for employment with the agency, and if I have been hired, may result in suspension or immediate termination.*

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Primary Health Choice  
Mental Health Services  
“Individual’s First Choice”**

**APPLICATION FOR EMPLOYMENT**

I understand that Primary Health Choice, Inc. (“The Company”) may attempt to verify statements made on my application and made during my employment interview (if any), I give my permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I also authorize all references that I provide to furnish to the company any information they have concerning me. In consideration of the company’s review of my application, I release the company, current and former employers and any other references that I provide, from any liability as a result of the furnishing and receiving of this reference information. I understand that my history will render this application invalid.

I understand that false, incomplete or misleading statements on this application or while being processed for potential employment may be considered sufficient cause for the invalidation of my application or my dismissal, if I am hired. The use of this application form does not indicate there are positions open and does not obligate the company to hire me.

In consideration of my potential employment, I agree to conform to the rules of the company. I understand and agree that, if hired, my employment with the company is for no definite period and may be terminated by me or the company at any time, for any reason, with or without cause or previous notice, regardless of the date of payment of my wages or salary. I also acknowledge that any offer of employment or my acceptance of any employment offer may be withdrawn for any reason at any time and without prior notice. I understand that if I am hired, my employment does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that if hired, I may be required to work scheduled and unscheduled overtime, weekends,

or holidays when required by the company. I further understand that no representative of the company, other than its CEO has any authority to enter into any agreement for employment for any specified time or to make any agreement contrary to the foregoing and such general or specific commitments must be in writing, in a document executed by both the company's CEO and me.

I understand that any offer of employment made to me by the company is conditioned on the satisfactory results of a criminal background check, test for drug/alcohol test and sign necessary medical release forms during my employment with the company, subject to applicable local, state and federal laws. I understand that the refusal to submit to the drug to the drug test or necessary medical release forms when requested will disqualify me from further consideration for employment, and that if I have been hired, I may be suspended or terminated immediately.

My signature below indicates my consent to this authorization:

Complete signature of applicant:

Date:

---

To submit this application, save as an attachment then email the copy to [employment@primaryhealthchoice.org](mailto:employment@primaryhealthchoice.org).

<b>Date:</b>
<b>Dept:</b>
<b>Position:</b>
<b>Interviewed by:</b>

vised 05/21/2008  
PHC Copyright 2008