



Thank You for your interest in joining our TEAM!

UNITED DOCTORS FAMILY MEDICAL CENTER is dedicated to the highest quality of care for its patients. This mission requires a dynamic organization which embodies excellence in patient care and education, adherence to strict ethical standards and a keen responsiveness to our patients' needs. In essence, we exist to serve others.

If you feel that you would be an asset to our team, please complete the application and return it to:

United Doctors Family Medical Center
Attention: Employment
P.O. Box 697
Boaz, AL 35957

We look forward to serving our community and thank you again for applying to join what we hope to be a wonderful team of healthcare providers!

Stacye Greene, LBSW
Clinic Manager
UDFMC

United Doctors Family Medical Center

2986 US Hwy 431 Boaz, AL 35983

Employment Application

All applications are active for 90 days

UDFMC is an abbreviation for United Doctors Family Medical Center

All applications will be considered for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other legally protected status.

Date: _____ Social Security Number: _____

Name: _____
Last Name First Name MI

Address: _____
Street

City State Zip

Telephone: _____ Cell: _____

E-mail Address: _____ Position Applying for: _____

Full Time Part Time PRN Rate of Pay Expected: _____

Have you ever been employed at this facility before? Yes No
If yes, give dates and position: _____

Are you legally eligible for employment in the United States? Yes No

Have you ever been convicted of a felony or found guilty of any crime that constitutes abuse, neglect, mistreatment, or misappropriation of a patient's property? Yes No
(Note: An affirmative answer will not necessarily result in disqualification for employment)

Are you able to perform the essential functions of the job for which you are applying, with or without accommodation? Yes No
(Note: We comply with the Americans with Disabilities Act and consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions)

Are you above the minimum working age of 18? Yes No

What shift can you work? 1st 2nd Rotating Weekends Weekends only
Specify shift hours: _____

When are you available to begin work? _____

Education:

Type of School	Name & Location Of School	Number Years Completed	Graduated Yes/No	Degree (s) Diploma (s) Certificate (s)	Major Field (s) Of Study
High School / Trade School					
Business or Technical School					
Jr. College and/or University					
Graduate School/ Other					

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Licensure/Certification:

Are you licensed / certified for the job you are applying for? _ Yes _ No

Type of license / certification: _____

Issuing State: _____ License certification number: _____

Is your license / certification current? Yes _ No

If no, explain: _____

Are you eligible to be license for the position you are applying for: YesNo

If yes, when: _____

Employment History (Start with most recent employer)

Employer: _____ Address: _____

Telephone No. _____ Dates of Employment: _____

Reason for Leaving: _____

Did you work a notice? Yes No Position held: _____

Supervisor's Name: _____

Employer: _____ Address: _____

Telephone No. _____ Dates of employment: _____

Reason for Leaving: _____

Did you work a notice? Yes _ No Position held: _____

Supervisor's name: _____

Employer: _____ Address: _____

Telephone No. _____ Dates of employment: _____

Reason for Leaving: _____

Did you work a notice? _ Yes No Position held _____

Supervisor's Name: _____

Employer: _____ Address: _____

Telephone No. _____ Dates of employment: _____
Reason for Leaving: _____
Did you work a notice? Yes No Position held: _____
Supervisor's name: _____

Personal References

***List (3) people to whom you are not related and by whom you have not been employed**

Name: _____ Phone: _____
Address: _____ How you are acquainted: _____

Name: _____ Phone: _____
Address: _____ How you are acquainted: _____

Name: _____ Phone: _____
Address: _____ How you are acquainted: _____

United Doctors Family Medical Center

Employment Application

“Please read the following carefully and completely”

The above information is true and complete to the best of my knowledge. Should I be employed by United Doctors Family Medical Center LLC, any misrepresentations or false statement contained herein may be considered cause for possible dismissal. United Doctors Family Medical Center LLC has my permission to obtain all necessary information from the referenced I have listed, or any other sources, concerning my prior employment; personal history, and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to United Doctors Family Medical Center LLC.

I understand that United Doctors Family Medical Center LLC will be and maintained as a drug free work place. All new employees will be screened at the time of hire and periodically thereafter to assure compliance. United Doctors Family Medical Center LLC reserves the right to perform criminal background checks on all applicants prior to employment. If employed by United Doctors Family Medical Center LLC, or any of it's' facilities; I agree to abide by all company policies and procedures and Employee Rules of Conduct. I understand failure to do so may result in immediate and justifiable termination. I also understand that failure to meet the requirements of my job description is grounds for termination.

I also agree to have my photograph taken for identification purposes if hired. Should I be employed by United Doctors Family Medical Center LLC, I may resign such employment at any time at my discretion with or without prior notice and United Doctors Family Medical Center LLC may terminate my employment at any time at their discretion with or without prior notice and is an AT-WILL employer. I understand that my employment is for no definite period of time, and if terminated, the Employer is liable only for wages and benefits earned as of the date of termination. I understand this application does not constitute an employment contract of any kind.

Date

Signature of Applicant

DO NOT WRITE BELOW THIS LINE:

Summary of Interview:

Acceptable for employment: Yes No Position: _____
Start Date: _____
Starting Rate of Pay _____ per hour
Physical: _____ Orientation: _____
Interviewed by: _____ Date: _____

United Doctors Family Medical Center

Attach copy of current Professional License if applicable

**Authorization and Release for the Procurement of a Civil / Criminal History,
Consumer and / or Investigative Consumer Report**

As part of its employee selection process, **United Doctors Family Medical Center, LLC** routinely obtains civil/criminal history, consumer history, consumer and/or investigative consumer reports and/or credit information on applicants for employment and employees applying for promotions. The information contained in these reports may be used to deny an individual employment with **United Doctors Family Center, LLC** or to deny an employee a promotion to a particular position.

I, the unsigned consumer, do hereby authorize **United Doctors Family Medical Center, LLC**, by and through an independent contractor, Bullet Investigations ("the Agency") to procure a consumer report and/or investigative consumer report on me prior to employment and/or throughout the term of employment.

These above-mentioned reports may include, but are not limited to, employment and education and verifications of same; personal references, personal interviews, personal credit history based on reports from any credit bureau, driving history ,including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; and/or any other public record. I also understand that any of these reports may be done on an annual basis.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report prepared on me upon my written request to the Agency that is made within a reasonable time after the date hereof. I also understand that I may request a written summary of my rights under 15. USC 1681 et.seq.

I further authorize any person, business entity or governmental agency who may have information relevant to the above, to disclose the same to **United Doctors Family Medical Center, LLC**, by and through the Agency, including but not limited to, any courthouse, any public agency, any and all law enforcement agencies, and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

