



# Arlington Urgent Care, Inc. Application for Employment

Arlington Urgent Care  
3062 Kingsdale Center  
Upper Arlington, Oh 43221

Bexley Urgent Care  
2216 E Main Street  
Bexley, Ohio 43209

Worthington Urgent Care  
2245 Dublin Granville Rd, Ste 101  
Worthington, Ohio 43235

Do you prefer:  Full-Time  Part-Time      Date available to start: \_\_\_\_\_

Desired wage \$ \_\_\_\_\_ per \_\_\_\_\_  
required      Are you willing to work overtime?  Yes  No

## Education and Training:

	Name and Location	Graduated?	Major	Diploma/Degree
High School				
College/Univ/Trade				
College/Univ/Trade				
Other				
Other				

**Certifications/Licenses:** Please note, all positions will be required to show proof of current CPR certification

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## Professional References:

Name	Dates Known	Relationship	Telephone No.
1.			
2.			
3.			

## Work History:

May we contact your present employer?  Yes  No

Most Recent Employer:		Position:	
Start Date:	End Date:	Supervisors Name:	
Address	City/State:	Zip:	Telephone:
Starting Salary:	Starting Position:	Reason for leaving:	
Ending Salary:	Last Position:		

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<b>Employer:</b>		<b>Position:</b>	
<b>Start Date:</b>	<b>End Date:</b>	<b>Supervisors Name:</b>	
<b>Address</b>	<b>City/State:</b>	<b>Zip:</b>	<b>Telephone:</b>
<b>Starting Salary:</b>	<b>Starting Position:</b>	<b>Reason for leaving:</b>	
<b>Ending Salary:</b>	<b>Last Position:</b>		

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<b>Starting Salary:</b>	<b>Starting Position:</b>	<b>Reason for leaving:</b>	
<b>Ending Salary:</b>	<b>Last Position:</b>		

## Applicant's Certification and Agreement

The information that I have provided on this application for employment is true and complete to the best of my knowledge. I understand that any false statements, omissions or misstatements can be justification for refusal of employment, or if employed, result in termination of employment.

I authorize this urgent care center to make an investigation of any of the facts set forth in this application, including obtaining a consumer report that includes credit and criminal history, and release from any liability both the urgent care center and those who supply reference information and/or verification.

I understand and agree that this urgent care center reserves the right to establish and change any of the terms and conditions of my employment at its discretion at any time, as it deems appropriate.

I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening or medical examination at any time at the request of this urgent care center. I hereby consent to having the results of any alcohol or drug screening or medical examination I may be required to undergo disclosed to the urgent care center's owner or managers.

I authorize this urgent care center to release any and all information about myself, my employment record, or my employment status to any individual or organization the urgent care deems worthy of

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receiving such information. Also, I release all parties from all liability for any damages that may results from furnishing this information.

I certify that I have read all of the foregoing, understand the same, and of hereby voluntarily agree to all of the previsions of this authorization, certification, and agreement.

## **I HAVE READ THE ABOVE STATEMENTS BEFORE SIGNING:**

<b>Applicant's Name: (Print)</b>	
<b>Applicant's Signature:</b>	<b>Date:</b>