

TruCare Medical Center LLC
Susan Ramirez, MD
8437 Kennedy Ave.
Highland, IN 46322
219-237-2079 Fax 219-595-5377



Application Form

Date: _____

Last Name First Name M.I.

Address1

Address2

City State Zip

Day Phone Night Phone Cell Phone

Email Address: _____ Social Security #: _____

Position Applied For: _____

Are you 18 years or older? ☐ Yes ☐ No If no, state age: _____

Have you ever been convicted, pled *nolo contendere*, plead guilty, or had the adjudication of guilt withheld for any offense(s) other than Minor Traffic Violations?

☐ Yes ☐ No

If yes, what charge(s)? _____

Country/ State: _____

Date(s): _____

Can you show proof of eligibility to work in the United States?

☐ Yes ☐ No

If offered employment with TruCare Medical Center LLC, you will be required by federal law, to furnish documents showing you are eligible to work in the United States. Individuals who do not furnish these documents cannot work for TruCare.

Education

High School: _____

Address: _____

Received: ☐ Diploma ☐ Certificate of Completion ☐ G.E.D.

College, University or Professional School:

Address: _____

Major/Minor Course of Study _____ Did you graduate? ☐ Yes ☐ No

Type of Degree received? _____

Experience

Describe your work experience beginning with your current or most recent job. Use a separate block to describe each position. Include volunteer work, if applicable. Indicate number of employees supervised. Provide an explanation of any gaps of employment. If needed, attach additional sheets, using the same format as on the application. Resumes are acceptable for the description of duties and responsibilities. All information in this section must be completed.

Name of Present or Last Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____

Dates: _____ to _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ LaterWage/Salary: \$ _____ ☐ Part Time ☐ Full Time

Name of Present or Last Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____

Dates: _____ to _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ LaterWage/Salary: \$ _____ ☐ Part Time ☐ Full Time

Name of Present or Last Employer: _____

Street/City/State/Zip: _____

Telephone: _____ Job Title: _____

Dates: _____ to _____

Supervisor's Name: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

May we contact your employer? ☐ Yes ☐ No ☐ Later

Wage/Salary: \$_____ ☐ Part Time ☐ Full Time

Comments including explanation of any gaps in employment:

Military Service

Branch: _____ Dates: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

With previous employment, within the last 2 years, have you participated in random testing for substance abuse? ☐ Yes ☐ No

Other Licensure, Registration, Certification:

Type of License: _____ Issuing State: _____

Licensing Board and Certification #: _____

List experience, education, or training you have had which particularly qualifies you for the job for which you are applying?

List any medical equipment you operate efficiently:

List clerical skills, communication skills, organizational skills:

List computer skills/tech knowledge:

Professional References

Please list two (2) individuals who are not related to you and do not live with you.

Name 1: _____

Address: _____

Phone #: _____ Relationship: _____

How Long Have You Known? _____

Name 2: _____

Address: _____

Phone #: _____ Relationship: _____

How Long Have You Known? _____

Conclusion

I hereby certify that to the best of my knowledge all of the information contained in this application is true.

I understand that all statements on this application and attachment(s) are subject to verification. Exaggerated, false or misleading statements and the omission of facts called for on this application may be cause for rejection of the application and / or termination of employment at the discretion of Dr. Susan Ramirez.

I authorize anyone to whom request is made to supply TruCare Medical Center LLC with any relevant information concerning my background in connection with employment consideration. I also acknowledge that Dr. Ramirez will use the information provided by me in this application to conduct a background check. I hereby release all parties including, but not limited to TruCare Medical Center LLC and my prior employers, from any and all liability for damage that may result from their furnishing relevant employment information about me to Dr. Susan Ramirez.

I voluntarily agree to submit to a drug test as part of my application for employment. I understand that either my refusal to submit or failure to pass the drug test will disqualify me from further consideration of employment. Further, I understand that if I am offered employment, employees are subject to random drug testing throughout the year. I understand that working at a medical practice requires that I am unencumbered by illegal substances (or legal substances that are not taken in the way they are prescribed) and that I am subject to random drug testing for the assurance of the safety of patients under the care of Dr. Susan Ramirez.

I understand that if TruCare Medical Center LLC employs me, my employment will be at the will and pleasure of Dr. Susan Ramirez and may be terminated at any time.

Applicant Signature

Date

**An Equal Opportunity Employer
M/F/V/H**