



Kernodle Clinic

Application for Employment

Easttown • Graham-Hopedale Road

Elon • Williamson Avenue

Mebane • Medical Park Drive

West • Huffman Mill Road

Return completed form to:

Kernodle Clinic Human Resources

1234 Huffman Mill Road, Burlington, NC 27215

Phone: (336) 538-1234

Facsimile: (336) 538-2414

www.kernodle.com

Kernodle Clinic's mission is to provide superior medical care in a personalized manner.



Kernodle Clinic Application for Employment

We conduct
pre-employment
drug screens.

Personal Information

Name _____ Application Date _____

Street Address _____

City/State/Zip _____

Home Phone _____ Best Time to Call _____

Work Phone _____ Best Time to Call _____

Other Phone _____ Best Time to Call _____

May we contact you at work? Yes No

Type of Employment Sought: Full-Time Part-Time Temporary

Type of Application: New Employee Rehire

Are you willing to work overtime if required? Yes No

Date Available for Employment _____ Minimum Salary Acceptable _____

Position(s) For Which You are Applying:

1. _____ 3. _____

2. _____ 4. _____

General Information

1. Are you eligible to accept permanent employment in this country? Yes No

2. Have you been convicted of a crime (misdemeanor or felony),

other than minor traffic offenses? Yes No

If yes, please describe the nature, date, location and final disposition of the case. (A conviction does not automatically disqualify you from employment. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) _____

3. Have you interviewed for a position at Kernodle Clinic in the past 12 months? Yes No

4. Have you ever been employed by Kernodle Clinic? Yes No

If yes, please indicate employment date(s), department(s), position(s) held and name, if different than current name. _____



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Education and Training

High School

Name _____

Location _____ Did You Graduate? ___ Yes ___ No

College(s)/University(ies)

Name	Location	Major/Minor	Degree Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Graduate or Professional School

Name of Institution	Location	Coursework	Degree/Certification Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Education, Vocational Schools, Internships, etc.

Professional Licenses/Certifications

Type	State	Expiration Date	Registration Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What factor most influenced you to apply at Kernodle Clinic?

- Clinic reputation
- Previously employed by Kernodle Clinic
- Recommendation by Kernodle Clinic employee: Name of employee _____
- Relocated to the Area
- Walk-in
- Newspaper ad: Name of newspaper _____
- Other _____

Employment History

Beginning with your **most recent position**, list all employment during the **past ten years**. If additional space is needed, please use a continuation sheet. You may submit a resume as a supplement but not as a substitute for this section.

Employer _____ City/State _____

Job Title _____ Full-time Part-time Temporary

Hire Date _____ Separation Date _____ Rate of Pay _____

Duties _____

Reason for Leaving _____

Supervisor's Name _____ Phone Number _____

May we contact them for a reference? Yes No Later

Employer _____ City/State _____

Job Title _____ Full-time Part-time Temporary

Hire Date _____ Separation Date _____ Rate of Pay _____

Duties _____

Reason for Leaving _____

Supervisor's Name _____ Phone Number _____

May we contact them for a reference? Yes No Later

Employer _____ City/State _____

Job Title _____ Full-time Part-time Temporary

Hire Date _____ Separation Date _____ Rate of Pay _____

Duties _____

Reason for Leaving _____

Supervisor's Name _____ Phone Number _____

May we contact them for a reference? Yes No Later

I certify that all statements on this application are true and complete to the best of my knowledge. I understand that any falsification or material omission in this application may result in the rejection of my application or my dismissal if I am employed.

I understand that any employment at Kernodle Clinic is on an **“at will”** basis. **If employed by the Clinic, my employment and compensation can be terminated with or without notice at any time by me or the Clinic for any reason.** Further, I understand that nothing in this application or any Clinic policies or procedures are intended to create a contract for employment for any period of time.

I authorize my current employer and all previous employers, educational institutions, and/or registration and licensing boards to provide Kernodle Clinic with any work-related information requested. In doing so, I waive any objections to these sources issuing such information and I hereby release these sources from any claims and liability for providing information requested.

I understand any offer of employment is contingent upon successfully completing the drug screening test.

Signature _____ Date _____

Notification and Release

Kernodle Clinic

K E R N O D L E

For Office Use Only - Group ID (Optional)

For Office Use Only - User ID (Optional)

For Office Use Only - Location / Store # (Optional)

First Name

Middle Name or Initial

Last Name

Date of Birth (MMDDYYYY)

Other Names Known By

Male

Female

Social Security Number

Primary Telephone Number (no dashes)

Current Address

Apt #

yrs at this address

City

State

Zip Code

Previous Address

Apt #

yrs at this address

City

State

Zip Code

Driver's License Number (no dashes)

License State

Email Address

Signature

Today's Date (MMDDYYYY)

Para informacion en espanol, visite <http://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - o a person has taken adverse action against you because of information in your credit report;
 - o you are the victim of identify theft and place a fraud alert in your file;
 - o your file contains inaccurate information as a result of fraud;
 - o you are on public assistance;
 - o you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

Notification and Release

Kernodle Clinic

You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

FOR QUESTIONS OR CONCERNS REGARDING

PLEASE CONTACT

Consumer reporting agencies, creditors and others not listed below

Federal Trade Commission
Consumer Response Center- FCRA
Washington, DC 20580 - 877-382-4357

National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219 - 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551 - 202-452-3693

Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)

Office of Thrift Supervision
Consumer Programs
Washington D.C. 20552 - 800- 842-6929

Federal credit unions (words “Federal Credit Union” appear in institution’s name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314 - 703-519-4600

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429 - 877-275-3342

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590 - 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator-GIPSA
Washington, DC 20250 - 202-720-7051
