

Primary Care Health Services, Inc.
 7227 Hamilton Avenue
 Pittsburgh, PA 15208

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. We comply with all Federal, State and local laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law, nor will any information obtained in response to questions be used in violation of any such law.

----- **Personal Information** -----

Please Print

Last Name	First	Email
Street Address		Primary Phone ()
City, State, Zip		Secondary Phone ()
Social Security Number		Were you previously employed by PCHS? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dates: _____ through _____ (mm/yyyy) (mm/yyyy)
Position desired		Hourly Wage Expected
Apart from religious observances, are you available for full-time work? If not, what hours are you available to work? <input type="checkbox"/> Yes, Full Time Hours Available _____ <input type="checkbox"/> No, Part Time Hours Available _____		Are you willing to work overtime?
Relevant Skills or Training (languages, machine operation, etc.)		When will you be available to begin working?
List any friends/relatives working for PCHS.		

----- Education and Training -----

Level of Education	Name and Location (City/State)	Course of Study	Number of Years Completed	Did you graduate?
Graduate School				<input type="checkbox"/> yes <input type="checkbox"/> no
College				<input type="checkbox"/> yes <input type="checkbox"/> no
Business/ Trade/ Certification				<input type="checkbox"/> yes <input type="checkbox"/> no
High School				<input type="checkbox"/> yes <input type="checkbox"/> no

----- Employment History -----

Company Name _____ Address _____ _____ Phone _____ Name of Supervisor _____ Reason for Leaving _____	Job Title _____ Employment Dates From _____ to _____ Salary (annual) \$ _____ (hourly) \$ _____ May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
Company Name _____ Address _____ _____ Phone _____ Name of Supervisor _____ Reason for Leaving _____	Job Title _____ Employment Dates From _____ to _____ Salary (annual) \$ _____ (hourly) \$ _____ May we contact this employer? <input type="checkbox"/> yes <input type="checkbox"/> no
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----- **Military Experience** -----

Have you served in the U.S. Armed Forces? Yes No

If yes, which Branch? _____

Have you served in the Reserves? _____

Describe any training received relevant to the position for which you are applying.

----- **References** -----

1. Name _____ Telephone _____
Relationship _____
Result (office use only)

2. Name _____ Telephone _____
Relationship _____
Result (office use only)

3. Name _____ Telephone _____
Relationship _____
Result (office use only)

Applicant Signature _____

Date _____

Applicants will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.