



Prescient Practice Management, Inc.

APPLICATION FOR EMPLOYMENT

Prescient Practice Management, Inc. (PPM) is an equal opportunity employer. We recruit, employ, train, compensate, and promote without regard to race, religion, creed, color, national origin, age, gender, sexual orientation, marital status, disability, veteran status, or any other basis protected by applicable federal, state, or local law.

Please print clearly using blue or black ink. Complete all applicable items on the application fully and accurately.

Today's Date (mm/dd/yyyy)		
PERSONAL INFORMATION		
Last Name	First Name and Middle Initial	Social Security Number
Address:		
City, State, ZIP/Postal Code:		
Cell Phone:	Email:	
GENERAL INFORMATION:		
Position Desired:	Compensation Desired (Hourly Wage):	
How many hours can you work weekly?	Can you work nights?	
Employment Desired:		
<input type="checkbox"/> Full Time (40 + hours/week)	<input type="checkbox"/> Part-Time (under 40 hours/week)	<input type="checkbox"/> Temporary (projects only)
What date are you available for work? (mm/dd/yyyy)		
Have you been convicted of or pled "no contest", "nolo contendere" or "guilty" to a felony at any time?		
<input type="checkbox"/> Yes If yes, please describe:		
<input type="checkbox"/> No		
Are you currently awaiting trial or other disposition of a felony charge in connection with which you are currently out on bail or on your own recognizance?		
<input type="checkbox"/> Yes If yes, please describe:		
<input type="checkbox"/> No		
Note: A conviction record will not necessarily be a bar to employment, and factors such as the applicant's age at the time of the offense, the age of the offense, and the nature and seriousness of the violation will be taken into account.		



BUSINESS CONFLICTS STATEMENT:

REFERENCES

Please list three references other than relatives (at least one should be business or academic).

Name	Phone Number	Relationship

EDUCATION

School Type	School Name	City	State	Country	Major	Minor	GPA	Degree
High School								N/A
College								
Professional								
Other								

PROFESSIONAL ASSOCIATIONS

Association	Membership Role

PROFESSIONAL CERTIFICATIONS, LICENSES, AND PERMITS

Certification/License/Permit	Expiration Date	Issuing Agency/Organization

OTHER

Please list any other job-related experience, skills, languages spoken, or other qualifications that you believe should be considered in evaluating your qualifications for employment:



We need to know if you have knowledge of any possible business conflicts between yourself and PPM, or any of our clients, or of any other limitations that would impair your ability to accept an offer of employment with or provide services as an employee to PPM or its clients.

Do you have an employment agreement, non-compete agreement or other restrictions or contractual obligations relating to any of your present or former employers, or to any client of PPM, which are still in effect?

Yes If the answer is "Yes", attach a copy of the agreement(s), restriction(s) or contractual obligations, unless prohibited from doing so.

No

Are you or have you ever been involved in any litigation against PPM, its affiliates or related entities or any of their respective clients involving professional services rendered?

Yes

No

In consideration of my employment, or possible employment by PPM and other valuable consideration, I acknowledge and agree that:

1. This application will be considered current for 90 days and a new application must be completed for further consideration after 90 days.
2. During the employment application process with PPM, I will not bring any such ideas, proprietary information or materials, including, without limitation, trade secrets, proprietary data or computer software, or use any such ideas, information or materials for the benefit of Prescient Practice Management, Inc. Entities, or their clients.
3. Any false statement, misrepresentation, factual discrepancy or omission on this application, or on any supporting documents, regardless of when discovered, may result in rejection of my candidacy, withdrawal of an offer of employment or termination of my employment, as the case may be.
4. If I have a disability, I must tell you in writing of my need for accommodation after I know, or reasonably should know that an accommodation is needed. Failure to do so will prevent me from alleging a violation of the accommodation requirements otherwise imposed by law.
5. If I am offered a position, it will be offered on a condition that my employment shall be at will and for no definite period.

My signature below certifies that I have read, understand, and voluntarily agree to items 1 - 5 on page 4 of the Application. In addition, my signature below certifies that to the best of my knowledge and belief, the information on this Application (pages 1 through 4) and other supporting documents are true and correct.

Signature

Name (Print)

Date



Certification & Authorization

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by the Company, I shall be subject to dismissal, if any information that I have given in this application, the background release authorization, in any resume or interview or any part of the hiring process is false or misleading or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check. I understand that that the Company will provide a separate Disclosure and Release required by law that will permit the Company to make such inquires through the services of a third party.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

Signature

Name (Print)

Date