



Family Care Specialists (FCS) Medical Group
APPLICATION FOR EMPLOYMENT

Family Care Specialists is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

Please complete entire application to ensure processing.

Please Print

Last Name First Middle Date of application

Other names you are known by

Present Address Street City State/Province Zip Code/Postal Code

Home Telephone No: Alternate Telephone No: E-mail address:

Employment Desired: Clinical: [] MD; PA; NP, LCSW; Health Education [] Medical Assistant;
Administrative: [] Administrative Assistant; [] Receptionist; [] Billing Office; [] Finance Office
[] Other: (specify)

Desired Location:

[] 1701 Cesar E. Chavez Ave., Suite 230 Los Angeles, CA 90033
[] 1701 Cesar E. Chavez Ave., Suite 402 Los Angeles, CA 90033
[] 815 W. Washington Blvd. Montebello, CA 90640
[] 5823 York Blvd. Los Angeles, CA 90042

Desired Status: [] Full Time [] Part-Time [] Externship
[] Summer only (specify date) From: To: [] Other: (specify date)

Position: Salary Desired:

Date you Can Start:

Are you able to work overtime, if necessary? [] Yes [] No

Are you able to work weekends? [] Yes [] No

Have you ever applied to or worked for FCS before? [] Yes [] No

If Yes, give dates and position?

Which location/Department?

Do you have any friends or family who work for FCS?

[] Yes [] No

If yes, state name(s) and relationship:

Name:

Relationship:

Name:

Relationship:

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Have you ever visited a FCS location? Where? Describe your experience.

Why are you applying for work at Family Care Specialists (FCS)?

Describe a specific situation where you have provided excellent customer service in your most recent position. Why was this effective?

Are you at least 18 years of age? Yes No

FCS is required to comply with federal, state, or provincial law. (If under 18, hire is subject to verification that you are of minimum legal age and it is required you furnish a work permit.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations: Yes No

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodations measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? Yes No

If so, may we contact your current employer? Yes No

Option: Many of our customers (patients) do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Family Care Specialists? Yes No

If so, explain:

Answer the following questions if you are applying for a professional position:

Are you licensed /certified for the job applied for? Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Education, Training, and Experience

	School Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name				
Address				
City	State	Zip Code		

	College / University Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

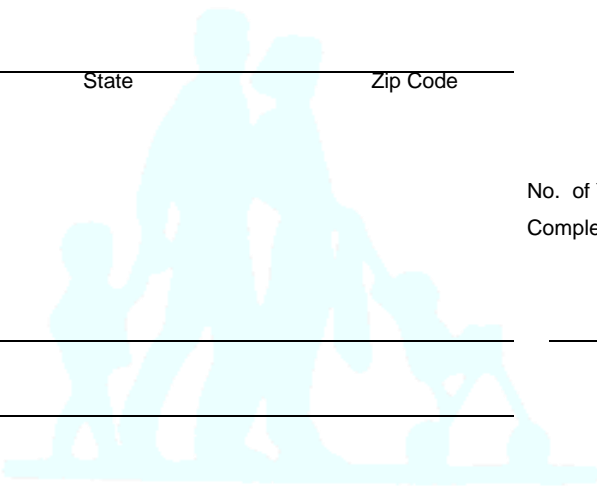
Name				
Address				
City	State	Zip Code		

	Vocational / Business Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name				
Address				
City	State	Zip Code		

	Health Care Training Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name				
Address				
City	State	Zip Code		



Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address & Street City State and Zip Code

Dates of Employment: From: _____ to _____ Job Title: _____

Your Duties and Responsibilities

Reason for Leaving

May we contact this employer for a reference? Yes No

.....
Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address & Street City State and Zip Code

Dates of Employment: From: _____ to _____ Job Title: _____

Your Duties and Responsibilities

Reason for Leaving

May we contact this employer for a reference? Yes No

.....
Name of Employer Phone Number

Type of Business Your Supervisor's Name

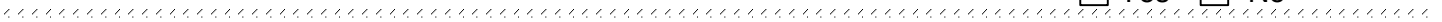
Address & Street City State and Zip Code

Dates of Employment: From: _____ to _____ Job Title: _____

Your Duties and Responsibilities

Reason for Leaving

May we contact this employer for a reference? Yes No



Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State and Zip Code _____

Dates of Employment: From: _____ to _____ Job Title: _____

Your Duties and Responsibilities _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Name of Employer _____ Phone Number _____

Type of Business _____ Your Supervisor's Name _____

Address & Street _____ City _____ State and Zip Code _____

Dates of Employment: From: _____ to _____ Job Title: _____

Your Position and Duties _____

Reason for Leaving _____

May we contact this employer for a reference? Yes No

Military Services

Have you obtained any special skills or abilities as the result of service in the military? Yes No

If so, describe: _____

Professional References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ First Name _____ Last Name _____ Phone Number

_____ Address _____ City _____ State and Zip Code

_____ Occupation _____ No. of Years Acquainted

_____ First Name _____ Last Name _____ Phone Number

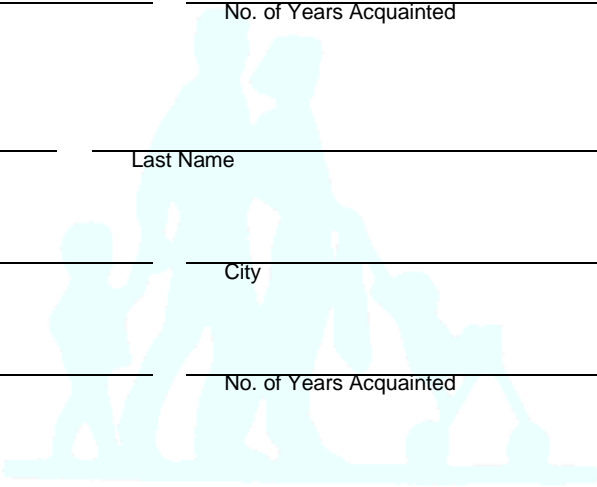
_____ Address _____ City _____ State and Zip Code

_____ Occupation _____ No. of Years Acquainted

_____ First Name _____ Last Name _____ Phone Number

_____ Address _____ City _____ State and Zip Code

_____ Occupation _____ No. of Years Acquainted



_____ Applicant Name (please print)

_____ Signature of Applicant

_____ Date

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

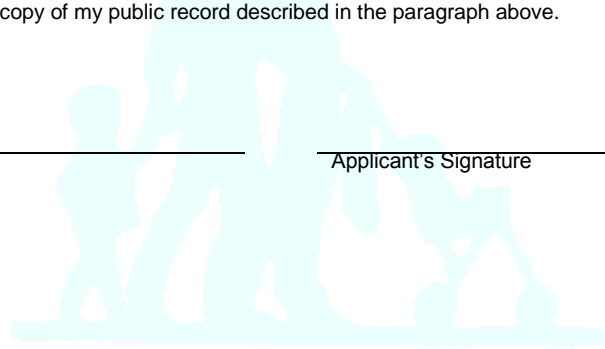
_____ Initials I hereby authorize **Family Care Specialists (FCS) Medical Corporation** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and the Company's designated representative.

_____ Initials Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.
 I waive receipt of a copy of my public record described in the paragraph above.

_____ Date

_____ Applicant's Signature



We are an Equal Opportunity Employer Committed to Hiring a Diverse Workforce.

Please send to: Family Care Specialists (FCS) Medical Group
5823 York Blvd., Suite 3
Los Angeles, CA 90042

Tele: (323) 255-5643; Fax: (323) 254-2158 or e-mail: HRDept@fcsmg.com