



Valley Immediate Care

WALK-IN MEDICAL CARE

North Medical Clinic
1600 Delta Waters Road, Ste 107
Medford, Oregon 97504
Phone: (541) 858-2515

South Medical Clinic
235 Barnett Road, Ste 106
Medford, Oregon 97504
Phone: (541) 773-4029

Grants Pass Medical Clinic
162 N.E. Beacon Drive, Ste 103
Grants Pass, Oregon 97526
Phone: (541) 494-2221

Central Administrative Office
815 N. Central Avenue, Ste C
Medford, Oregon 97501
Phone: (541) 734-9030

Application for Employment ~ An Equal Opportunity Employer

Personal Information

Date: _____

Name: _____

Present Address: _____

Permanent Address: _____

Phone Number: _____

Are you 18 years or older? Yes _____ No _____

Are you Legally Eligible for Employment in the US? Yes _____ No _____

Employment Desired

Position: _____ Date you can start: _____

Salary Desired: _____ Referred by: _____

Ever applied at VIC before? Yes _____ No _____ Where? _____ When? _____

Current/Previous Employers

(List below last three employers, starting with current/recent employer first.)

➤ Employer: _____

Address and Phone: _____

From: _____ To: _____

Ending Wage: _____ /hour

Position: _____

Reason for Leaving: _____

➤ Employer: _____

Address and Phone: _____

From: _____ To: _____

Current/Previous Employers (Continued)

Ending Wage: _____/hour

Position: _____

Reason for Leaving: _____

➤ Employer: _____

Address and Phone: _____

From: _____ To: _____

Ending Wage: _____/hour

Position: _____

Reason for Leaving: _____

May we inquire of previous or current employers? Yes _____ No _____ initials _____

Which of these jobs did you like best?

What did you like about this job?

Education

➤ High School and Location: _____

Number of Years Attended: _____

Degree/Certificate: _____

➤ College/University and Location: _____

Number of Years Attended: _____

Degree/Certificate: _____

➤ Technical/ Business School and Location: _____

Number of Years Attended: _____

Degree/Certificate: _____

General

Subjects of special study or research work: _____

Special Skills: _____

Activities (Civic, Athletic, Etc.): _____

U.S. Military or Naval Service _____ Rank _____

Present Membership in National Guard or Reserves _____

References

Give the names of three persons not related to you, whom you have known at least one year.

Name: _____
Address: _____
Phone Number: (____) _____
Business: _____
Years Acquainted: _____

Name: _____
Address: _____
Phone Number: (____) _____
Business: _____
Years Acquainted: _____

Name: _____
Address: _____
Phone Number: (____) _____
Business: _____
Years Acquainted: _____

In case of emergency, contact:

Name: _____
Address: _____
Phone: _____

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected. If I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature _____ Date _____

~ For Office Use Only ~ *Do Not Write In This Section* ~

Interviewed By: _____ Date: _____

Remarks: _____

Hired: Yes _____ No _____ Position: _____ Dept.: _____

Wage: _____ Date Reporting to Work: _____

Approved: Site Manager _____ Team Leader _____