

Wake Internal Medicine Consultants, Inc.  
3100 Blue Ridge Road  
Raleigh, North Carolina 276013  
919-781-7500

# APPLICATION FOR EMPLOYMENT

Wake Internal Medicine Consultants is an equal  
opportunity employer

## PERSONAL INFORMATION (Please Print)

Name (Last, First, Middle): \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Best Time to contact you at home: \_\_\_\_\_ May we contact you at work: Yes No

Can you prove your U.S. Citizenship? Circle one: Yes No

If not a U.S. Citizen, give Visa No. and Expiration Date: \_\_\_\_\_

Position You Are Applying For \_\_\_\_\_

Title: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Temporary: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

## EDUCATION RECORD

High School (Name, City, State): \_\_\_\_\_

Business or Technical School (Name, City, State): \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Undergraduate College (Name, City, State): \_\_\_\_\_

Degree, Major: \_\_\_\_\_

Graduate School (Name, City, State): \_\_\_\_\_

Degree: \_\_\_\_\_

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**WORK HISTORY (GIVE INFORMATION ABOUT YOUR LAST 3 JOBS, STARTING WITH THE MOST RECENT)**

1-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

2-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

3-Employer	Dates Employed:	
Address:		
City:	State:	Zip:
Phone:	Ending Salary:	
Title/Duties:		
Manager's Name and Title:		
Reason for Leaving:		

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**BUSINESS REFERENCES (IF APPLYING FOR YOUR FIRST JOB, YOU MAY USE ACADEMIC REFERENCES)**

1-Name:

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Work Phone:

Home Phone:

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Address:

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City:

State:

Zip:

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Relationship to You:

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2-Name:

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Work Phone:

Home Phone:

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Address:

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City:

State:

Zip:

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Relationship to You:

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3-Name:

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Work Phone:

Home Phone:

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Address:

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City:

State:

Zip:

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Relationship to You:

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Describe any specialized training, apprenticeship, skills and extra-curricular activities:

Describe any job-related training received in the United States military:

List any professional, trade, business or civic activities and offices held:

Other Qualifications (summarize special job-related skills and qualifications acquired from employment or other experience)

Have you ever been sanctioned by Medicare or barred from participating in a Federal health care program?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes \_\_\_\_\_ No \_\_\_\_\_



**PLEASE READ AND SIGN**

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharged Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature:

Date:

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