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

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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 RECOR	D	
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:		

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:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
2-Name:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
3-Name:		
Work Phone:	Home Phone:	
Address:		
City:	State:	Zip:
Relationship to You:		
(please turn to next page)		

Describe any specialized training, apprenticeship, skills and extracurricular 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

Pr	ofes	sional Liability Actions	Yes	No
lf y	ou a	answer yes to any question(s) in this section, please provide documentation of the response.		
	1.	Have any professional liability judgments ever been entered against you?		
	2.	Have any professional liability claim settlements ever been by you and/or paid on your behalf?		
	3.	Are there any currently pending professional liability suits, actions and/or claims filed against you?		
	4.	Has any person or entity ever been sued for your clinical actions?		
Lia	bilit	y Insurance		
	1.	If you answer yes to this question, please provide documentation of the response.		
	2.	Have you ever been denied or voluntarily relinquished your professional liability insurance coverage, and/or have had your professional liability insurance coverage canceled, non-renewed or limits reduced?		
Cr	imin	al Actions		
If y	ou a	answer yes to any the question in this section, please provide documentation of the response.		
	1.	Have you ever been the subject of any inquiry of any nature whatsoever which would possibly interfere with our efforts to have you credentialed at any of our facility, or any of the facilities or hospitals where you would be expected to work?		
Ch	emi	cal Substances or Alcohol Abuse		
	If y	ou answer yes to any question(s) in this section, please provide documentation of the response.		

1. Are you currently engaged in illegal use of any legal or illegal substances?

program that monitors you for alcohol and/or substance abuse?

ability to perform your job functions/duties?

2. Do you currently overuse and/or abuse alcohol or any other controlled substances?

3. If you use alcohol and/or chemical substances, does your use in any way impair and/or limit your

4. Are you currently participating in a supervised rehabilitation program and/or professional assistance

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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