



Dr. O'Connell's PainCare Centers, Inc  
 including  
 Salmon Falls Family Healthcare  
 & Pinewood Physical Therapy

## Employment Application

Applicant Information					
Application Date:		Position Applying for:			
Name:				SSN	- -
Past Legal Names (include Maiden):					
Mailing Address:					Apt #
City:		State:	Zip:	Phone ( )	-
E-mail Address					
Best Method of Contact		<input type="checkbox"/> Phone	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Mail	<input type="checkbox"/> Other
Approximate Date Available to Work :  / /		Current Salary: \$_____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually			
		Desired Salary: \$_____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annually			
		Desired Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem			
Are you authorized to work in the U.S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever worked for this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, when and reason for leaving?					
Have you ever been convicted of a felony?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If Yes, please explain.					
How did you hear about this position?					

Employment History, Education, & References
<p>I have attached a current resume to this application            (Initial Here)</p> <p>Including:</p> <p><input type="checkbox"/> Past Employment History            (Dates of Employment, Positions Held, and Responsibilities)</p> <p><input type="checkbox"/> Education History            (Dates of Enrollment, Name of School and Degrees Earned)</p> <p><input type="checkbox"/> References            (Names and contact information for at least 3 References)</p>



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Additional Requirements
<p>If you are applying for a position that requires a license, please provide current licensure information. Please list all states in which you are licensed.</p>

Military Service	
Branch of Services:	Dates of Service / / to / / ( Month / Year ) ( Month / Year )
If Still in Service, do you currently have a regular service commitment?  (An applicant's service commitment will not result in the exclusion of his/her application from consideration.)	
If No Longer Serving: Rank at Discharge: Reason if other than honorable	Type of Discharge:

Disclaimer and Signature	
I understand that if I am offered a position within this organization my employment may be contingent upon:	
<i>Please Initial</i>  _____  _____	The completion of a Pre-Employment Drug Test  The completion of a Pre-Employment Physical to evaluate my ability to complete the physical requirements determined by the description of the position which I have been offered
<i>Please Initial</i>  _____  _____	I understand that Dr. O'Connell's PainCare Centers Inc, including Salmon Falls Family Healthcare and Pinewood Physical Therapy, promotes a smoke-free work environment, which means that smoking is not tolerated in the building of any facility or on the property owned by the organization.  I understand that Dr. O'Connell's PainCare Centers Inc, including Salmon Falls Family Healthcare and Pinewood Physical Therapy, is an at-will employer.
<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	I give Dr. O'Connell's PainCare Centers, Inc, including Salmon Falls Family Healthcare and Pinewood Physical Therapy permission to contact my current employer to verify employment.  I give Dr. O'Connell's PainCare Centers Inc, including Salmon Falls Family Healthcare and Pinewood Physical Therapy, permission to contact my former employers to verify employment.
I certify that the information I have provided on this application and on my resume is true and complete to the best of my knowledge. If this application leads to my employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date: / /

Please Return Applications to:  
 Pinewood Medical Center, Human Resources Department  
 255 Rt. 108, Somersworth, NH 03878  
 Fax to 603- 692-1879 or e-mail to Stephanie@painmd.com