

CCA MEDICAL AND DENTAL NETWORK EMPLOYEES

A Shared Employer Relationship

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.



APPLICATION FOR EMPLOYMENT

Date _____

(Complete all sections thoroughly. A resume' may be attached but may not substitute for completion of the application.)

Print Name _____

Last
First
Middle

Address _____

Street
City
State
Zip

Social Security Number _____ Telephone Number (____) _____

E-Mail Address _____

Position applied for (circle): PHYSICIAN - DENTIST - ARNP - PSYCHIATRIST - PHYSICIAN ASSISTANT

Hours or shift preferred _____ Date available to start work _____

Specify restrictions, if any, of days and hours (e.g. class schedule) _____

Full Time Part Time Temporary Minimum compensation requirement \$ _____

How did you find out about our company? (please be specific in the website address, friend's name or other type referral)

Website: _____ Friend: _____ Other: _____

Are you at least 18 years of age? Yes No

Are you authorized to live and work in the United States? Yes No
(Verification of your legal right to work in the United States will be required within three days of being hired.)

Have you ever been convicted of a felony? Yes No

Are you able to perform the essential functions of the job for which you have applied? Yes No

Clerical Skills/Computer Skills

Typing Speed (Data Entry) _____ Keyboard Skills (Data Entry) _____

List any additional skills, education or training related to the position applied for _____

Record of Education

Please include name and address of school and under what name attended if different

Course of Study	Year Completed	Did you Graduate?	Diploma or Degree
High School _____	1 2 3 4		
College _____	1 2 3 4		
Other (specify) _____	1 2 3 4		

SEND COMPLETED APPLICATION BY E-MAIL TO Jason.Hughes@correctionscorp.com OR VIA FAX (615) 263-3080

Employment History

Please list all previous employers; if further space is needed, attach additional paper.

Present or Most Recent Employer	Telephone () Ext.
Address	Dates Employed (Mo. & Yr.) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes _____ No _____

Previous Employer	Telephone () Ext.
Address	Dates Employed (Mo. & Yr.) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes _____ No _____

Previous Employer	Telephone () Ext.
Address	Dates Employed (Mo. & Yr.) From To
Name of Supervisor	Weekly Pay
Job Title and Responsibilities	Reason for Leaving May we contact Yes _____ No _____

References

List two references, home telephone numbers and years known. (*Do not include relatives or employers.*)

Name of Reference	Name of Reference
Relationship	Relationship
Telephone Number	Years Known
Telephone	Years Known

Employment Conditions – Read Carefully Before Signing

By my signature below, I certify that all information provided on this application is true and accurate. I understand that any false statements, misrepresentation, or omissions made on this application will exclude me from consideration for employment or subject me to discipline up to and including termination from CCA Medical and Dental Network Employees and LBMC Employment Partners, LLC who have entered into a shared employer relationship. I understand that employment with CCA Medical and Dental Network Employees and LBMC Employment Partners, LLC is "at will" and therefore for an indefinite period of time. If employed, I may terminate my employment at any time and the Employer may terminate or modify the employment relationship at any time with or without notice or cause. I understand that I am not guaranteed a specific shift, schedule or work assignment and I may be expected to work overtime. If employed by CCA Medical and Dental Network Employees and LBMC Employment Partners, LLC, I will abide by its rules, regulations, policies and procedures.

I hereby authorize all individuals and organizations named or referred to on this application to answer all questions that may be asked and give all information that may be sought in connection with this application. This may include, but is not limited to: work history, criminal records, licensure, certification, education, and driving record. I also certify that any individual or organization furnishing information concerning me shall not be held accountable for giving this information. I hereby release said individuals and organizations from any and all liability, which may be incurred as a result of furnishing such information.

I understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

Finally, I freely and voluntarily agree to undergo drug testing as part of the application process, or at any time during my employment with CCA Medical and Dental Network Employees and LBMC Employment Partners, LLC. I understand that either refusal to submit to the test or failure of the test per CCA Medical and Dental Network Employees and LBMC Employment Partners, LLC policy will disqualify me from consideration and/or continuation of employment.

Signature of Applicant _____ Date _____

CCA Medical and Dental Network Employees and LBMC Employment Partners, LLC are an Equal Opportunity Employer and do not discriminate on the basis of race, color, age, sex, religion, national origin, disability, marital status, or any other characteristic protected by law.

CCA Medical and Dental Network Employees are no-smoking facilities in compliance with the Tennessee Non-Smoker Protection Act.

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