



PAWLEYS PEDIATRICS & ADULT MEDICINE

Personal Information

[PLEASE PRINT ALL INFORMATION]

Last Name _____ First Name _____ Middle Initial _____ Date _____

Address: _____ City _____ State _____ Zip _____

Home Phone(____) _____ Bus/MessagePh(____) _____ Cell(____) _____

Social Security Number _____ - _____ - _____ E-mail address: _____

Please list other name (s) by which you have been known that will help us verify your education and work records: _____

Are you over 18 years of age? Yes No

If hired, can you furnish proof of the right to work in the U.S.? Yes No

If no, have you the legal right to remain permanently in the U.S.? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please explain (Conviction will not necessarily bar you from employment): _____

Employment Desired

Which Position are you applying for? : _____

Status Desired: Full-time Part-time Part-time becoming Full-time On-Call Temporary until _____

When will you be available to work?: _____ Desired Salary: _____
(amount required)

Are you willing to travel to educational seminars and workshops? Yes No

Relatives employed or previously employed by this organization: _____

How did you learn about potential job opening/s with Pawleys Pediatrics and Adult Medicine? _____

Education and Training

Where did you attend High School?

Did you receive a diploma? YES NO Year of Graduation: _____

Did you earn a GED? YES NO Year: _____ Where did you receive your GED? _____

Please list any work training programs, seminars, extracurricular activities or any other educational experiences relevant to the position applied for:

Are you Currently taking course (s)? Yes No If yes, provide details about courses, schedule and plans after course completion

What language do you speak?

Education Verification

Applicant Name:

First _____ Middle _____ Last _____
Date of Birth _____ (mm/dd/yyyy) SSN _____ - _____ - _____

Education Information:

Name of applicant during school attendance _____ *(if different from above, i.e., maiden name)*

Name of the Institution that applicant attended _____

Name of the city where the institution is located _____

State where the institution is located _____ Zip Code _____

Phone number of the institution _____

Month applicant *began* attending _____ Year applicant *began* attending _____

Month applicant *ended* their attendance _____ Year applicant *ended* their attendance _____

Month of graduation _____ Year of graduation _____

Type Degree issued _____ Major _____

Education Information:

Name of applicant during school attendance _____ *(if different from above, i.e., maiden name)*

Name of the Institution that applicant attended _____

Name of the city where the institution is located _____

State where the institution is located _____ Zip Code _____

Phone number of the institution _____

Month applicant *began* attending _____ Year applicant *began* attending _____

Month applicant *ended* their attendance _____ Year applicant *ended* their attendance _____

Month of graduation _____ Year of graduation _____

Type of Degree issued _____ Major _____

Are you currently taking courses: YES NO If yes, please provide details about courses, schedule and plans after course completion: _____

Please list any work training programs, seminars, extracurricular activities or any other educational experiences relevant to the position applied for: _____

Work Experience

LIST LAST OR PRESENT POSITION *FIRST*. List all paid employment, volunteer work, or work in the U.S. Armed Forces.
(Please complete this section entirely in addition to your resume)

DATES: FROM TO / / mo yr mo yr	NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	LAST PAY RATE (Required)	SUPERVISOR'S NAME/TITLE
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State position and describe briefly the work you did.

Reason for leaving:

DATES: FROM TO / / mo yr mo yr	NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	LAST PAY RATE (Required)	SUPERVISOR'S NAME/TITLE
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State position and describe briefly the work you did.

Reason for leaving:

DATES: FROM TO / / mo yr mo yr	NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	LAST PAY RATE (Required)	SUPERVISOR'S NAME/TITLE
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State position and describe briefly the work you did.

Reason for leaving:

DATES: FROM TO / / mo yr mo yr	NAME AND ADDRESS OF EMPLOYER	TELEPHONE NUMBER	LAST PAY RATE (Required)	SUPERVISOR'S NAME/TITLE
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State position and describe briefly the work you did.

Reason for leaving:

May we contact your current employer? Yes No

Please explain in the space below any breaks in employment:

Professional Skills and Licensure

TYPE OF LICENSE OR CERTIFICATION	NUMBER	STATE ISSUED	IS CERT. OR LICENSE VALID IN SOUTH CAROLINA?	DATE ISSUED	EXPIRATION DATE

Professional References (Required)

Name _____ Address _____

Occupation _____ Relationship _____ Phone # _____

Name _____ Address _____

Occupation _____ Relationship _____ Phone # _____

Name _____ Address _____

Occupation _____ Relationship _____ Phone # _____

Special Skills and Qualifications

Briefly describe how you are qualified for the position by virtue of your qualifications, experience, aptitude, or special skills.

Office, Lab or Technical Equipment Operated: _____

Name of Electronic Health Records previously used: _____

Pawleys Pediatrics and Adult Medicine verifies Employment, Pay rate, Eligibility for rehire, and Education. Submission of this application is considered the applicants authorization of PPAM to verify all such information.
PPAM is an E.O.E.

Applicant's
Signature: _____ Date: _____



PAWLEYS PEDIATRICS & ADULT MEDICINE

I, _____, authorize release of my medical information to Pawleys Pediatrics and Adult Medicine as it pertains to my prescription medications. I also authorize a search of the South Carolina DEA Drug Registry to identify the physicians prescribing medication to me.

The physicians who prescribe medication to me are:

Name: _____
Address: _____
Phone Number _____

Name: _____
Address: _____
Phone Number _____

Name: _____
Address: _____
Phone Number _____

Name: _____
Address: _____
Phone Number _____

List other physicians on reverse side of this sheet or circle none to indicate completion of provider list above: see reverse none

Printed Name _____ Date of Birth _____

Alias or other known by Names _____

Signature _____ Date: _____



PAWLEYS PEDIATRICS & ADULT MEDICINE

I, _____ give permission for Georgetown Internists and Pediatricians dba Pawleys Pediatrics and Adult Medicine to obtain previous employment information from any and all previous employers as it pertains to dates of employment, my pay rate, urine drug screens, Background checks, job performance and reason for termination.

I understand that the information released will be kept confidential between the representative of Georgetown Internists and Pediatricians dba Pawleys Pediatrics and Adult Medicine and the manager or human resource officer of my previous employer.

The information released is solely for the purpose of obtaining information as it pertains to employment eligibility and purpose of an offer of employment.

Date _____ Employee Signature _____

Previous Employer _____

Previous Employer _____

Previous Employer _____

Previous Employer _____

Previous Employer _____

Previous Employer _____

Practice Manager for Georgetown Internists and Pediatricians dba

Pawleys Pediatrics and Adult Medicine

Lynne A. Read
Phone: 843-314-1305
Fax: 843-314-1307
Lynne.ppam@gmail.com

DISCLOSURE AND AUTHORIZATION FOR CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT

Company Name: Georgetown Internists and Pediatricians dba Pawleys Pediatrics and Adult Medicine

In connection with your application and/or employment with above listed Company (hereinafter "Company") this notice is provided to inform you that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), may be obtained from a consumer reporting agency for employment purposes. These reports may include information about your character, general reputation, personal characteristics and mode of living, whichever are applicable. The report may also contain information about you relating to criminal history, credit history, motor vehicle records such as driving records, social security verification, workers' compensation claims (post job offer or conditional job offer), verification of education or employment history or other background checks. They may involve personal interviews with sources such as your neighbors, friends or associates. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to National Crime Search, Inc., 3452 E. Joyce Blvd., Fayetteville, AR 72703 – 888-527-3282. For information about National Crime Search, Inc.'s privacy practices see www.nationalcrimesearch.com. The scope of this notice and authorization is not limited to the present and, if you are hired, will continue and allow Company to conduct future background screenings for retention, promotion or reassignment, unless revoked by you in writing. Company also reserves the right to share your report with any third-party for whom you will be placed to work with as a representative of Company.

Acknowledgement and Authorization

By signing below you acknowledge receipt of a copy of the *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that you have read this notice and authorization as well as the summary document.

You hereby authorize the obtaining of a consumer report and/or investigative consumer report at any time after receipt of this authorization by Company, and if you are hired, throughout your employment, as permitted by law. You also confirm your understanding and provide consent for this report to be shared with a third-party for whom you may be placed to work as a representative of Company, if applicable.

Signature

Today's Date

Print Full Legal Name (First) (Middle) (Last)

Other or Former Names (please print)

Address

City/State

County

Zip

Date of Birth**

SSN**

Name on Driver's License (if different from legal name)

Driver's License # State issued

Contact Phone Number

E-mail Address

Minnesota & Oklahoma applicants or employees only: Under state law you have a right to receive a copy of your consumer report, free of charge, if one is requested by Company. By checking "yes", a copy will be provided to you at the address you provide on this notice. I would like to receive a copy of my consumer report: () Yes () No

New York applicants or employees only: Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Company by contacting National Crime Search, Inc. directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by signing this notice.

Washington State applicants or employees only: Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosures to consumers (RCW 19.182.070) by contacting National Crime Search, Inc. directly.

Massachusetts/New Jersey: If you submit a request to NCS in writing, you have the right to know whether the Company ordered an investigative consumer report from NCS. You may inspect and order a free copy of the report by contacting National Crime Search, Inc. directly.

California, Maine applicants or employees only: Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Company. By checking "yes" a copy will be provided to you at the address you provide on this Notice.

I would like to receive a copy of my consumer report: () Yes () No

CA applicants or employees only

You acknowledge receipt of a copy of the summary of the provisions of California Civil Code section 1786.22 by signing above.

****This information will be used for background screening purposes only and no other purpose.**

Your Background Screening Partner

NCS | 3452 E Joyce Blvd | Fayetteville, AR 72703 | 479-695-2111

nationalcrimesearch.com | support@nationalcrimesearch.com

Para información en español, visite www.consumerfinance.gov/learnmore o escriba al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy

of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580. Ph #877-382-4357
2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357