



**Urgent Care Center**

Dr. Jon's Urgent Care Center  
2871 Greensboro Rd  
Martinsville, VA 24112  
Phone: 276-638-2273  
Email: [nikkis@drjonucc.com](mailto:nikkis@drjonucc.com)

### PERSONAL INFORMATION

First Name:	
Last Name:	
Street Address:	
City, State, Zip Code	
Phone Number:	
Email Address:	
Have you ever applied before?	
Do you have transportation?	
Are you over 18? / Date of Birth	
Have you been convicted of a felony in the last 5 years?	
If yes, whats the nature of the crime?	
Have you ever been in the military:	
Do you speak spanish?	

### POSITION AVAILABILITY

Position Applying for.	
Desired salary.	
Available start date.	

### EDUCATION AND EXPERIENCE

High School Diploma?	
College Degree:	



Name of Employer.	
Dates of Employment.	
Pay Rate.	
Position and duties.	
Reason for leaving.	

Name of Employer.	
Dates of Employment.	
Pay Rate.	
Position and duties.	
Reason for leaving.	

List three references that can provide feed back on yor job performance in the last four years.	
Name:	Contact Number or Email:

# MISSION STATEMENT

The mission of Dr. Jon's Urgent Care Center is to share the love and mercy that Jesus Christ has given us by providing excellent medical care with kindness and compassion.

*Please tell us in what way you share our vision and purpose:*

- 1.) I certify that the information in this application is true and complete.
- 2.) I acknowledge that false information is grounds for not hiring me or immediate termination.
- 3.) I authorize the verification of any information listed above with the exception of current employer information unless given additional approval to do so.
- 4.) I am aware that my background may be investigated in connection with my application and / or during my subsequent employment by Dr. Jon's Urgent Care Center and hereby authorize the release of any and all information you have about me to Dr. Jon's Urgent Care Center.

Print Name: (Signature)

Date: