



Employment Application

Please complete all questions and sign this application.

Personal Information (Please print.)

Date _____

Name _____
Last First MI

Social Security No. _____

Address _____
Street Apt #

Telephone No. () _____

City _____ State _____ Zip Code _____

Telephone _____ Alternate Telephone _____

In order to permit a check of your work and education records, should we be made aware of any change of name that you previously used? Yes No If yes, list name and dates used: _____

Federal law prohibits the employment of unauthorized aliens. Only U. S. citizens or aliens who have a legal right to work in the U. S. are eligible for employment. All persons must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Are you over 18 years of age? Yes No
Have you been convicted of a crime other than a misdemeanor or traffic offense? Yes No
(A conviction will not necessarily disqualify an applicant from employment).

If yes, please give date, location, and disposition or your case _____

Position Desired

For what one position are you applying _____?

Hours available to work? Full time Part time

Can you work weekends? Yes No Can you work holidays? Yes No

If an offer is extended, when would you be available to work? _____

Do you have transportation to work? Yes No

Have you ever been employed by this clinic? Yes If so, what department? _____

Who or what referred you to this clinic? Newspaper Ad Agency Relative/Friend

[] Employee _____ [] Other _____

Education

SCHOOLS	NAME/CITY/STATE OF SCHOOL	CIRCLE GRADES COMPLETED	DATE YOU GRADUATED	DIPLOMA/DEGREE
High School		1 2 3 4		
College		1 2 3 4		
Other (Specify)		1 2 3 4		

Did you attend a professional school? [] Yes [] No
 [] Nursing [] X-Ray [] Laboratory [] Other _____

PROFESSIONAL LICENSE NO.	TYPE	DATE/PLACE OF ISSUE	EXPIRATION DATE

Please check areas in which you have had experience or training:

CLERICAL

- Accounting
- Accounts Payable
- Accounts Receivable
- Cashier
- Payroll
- Bookkeeping
- Admissions
- Collections
- Insurance
- Coding-ICD-9/CPT

NURSING / CERTIFIED MEDICAL ASSISTANT

- Managed Care
- Referrals
- Claims Processing
- Insurance Pre-Cert
- Medical Records
- Transcriptionist
- Personnel
- Secretarial
- Filing
- Medical Staffing

- Nurse Anesthetist
- Operating Room
- Emergency Room
- ICU [] CCU [] PACU
- Central Service
- Medical Unit
- Surgical Unit
- Surgical ICU
- Operating Room Tech
- OB/GYN

- Infectious Diseases
- Urology
- Orthopedics
- Endoscopy
- Oncology
- Hemodialysis
- Cardiology
- Allergy
- Internal Medicine
- Patient Education

OTHER MEDICAL

- Radiology
- Ultrasound
- Mammography
- CAT Scan
- Nuclear Medicine
- MRI
- Laboratory
- Phlebotomy

- Respiratory Therapy
- Cardiopulmonary
- Holter Monitors
- EKG
- EEG
- Ophthalmology
- Pharmacy

OPERATION AND MAINTENANCE

- Building Trades
- Engineering
- Heating/AC
- Maintenance
- Electronics
- Groundskeeper
- Security
- Housekeeping
- Purchasing
- Mailroom
- Receiving/Distribution
- Courier

SPECIAL SKILLS

- Calculator Data Entry Programmer Typing: _____ wpm
 Computer Dictaphone PBX System Word Processor; software
 CRT Medical Terminology Shorthand: _____ wpm _____

Describe any other training or qualifications you feel would benefit you for employment with this clinic _____

If presently employed, why do you desire a job change? _____

If presently employed, may we contact your employer? Yes No

List all present and past employment, most recent first.

Name of Employer _____ From (Mo.) _____ (Yr.) _____

Address of Employer _____ To (Mo.) _____ (Yr.) _____

_____ () _____ Full-Time Part-Time

City State Zip Phone

Job Title and Duties _____ Starting Salary _____

_____ Final Salary _____

Reason for Leaving _____ Supervisor _____

Name of Employer _____ From (Mo.) _____ (Yr.) _____

Address of Employer _____ To (Mo.) _____ (Yr.) _____

_____ () _____ Full-Time Part-Time

City State Zip Phone

Job Title and Duties _____ Starting Salary _____

_____ Final Salary _____

Reason for Leaving _____ Supervisor _____

Name of Employer _____ From (Mo.) _____ (Yr.) _____

Address of Employer _____ To (Mo.) _____ (Yr.) _____

_____ () _____ Full-Time Part-Time

City State Zip Phone

Job Title and Duties _____ Starting Salary _____

_____ Final Salary _____

Reason for Leaving _____ Supervisor _____

References (Please list persons who have known you for a minimum of two years.)

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

Have you ever been discharged from a job? [] Yes [] No If yes, please explain. _____

Applicant's Agreement

Please read carefully before signing and ask questions about anything you may not understand.

YOUR CARE CLINICS, LLC complies with all state and federal laws regarding equal employment opportunity. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age or disability if otherwise qualified with or without reasonable accommodation.

I certify that the answers given herein are true and complete and I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed any misrepresentation of facts, whenever discovered, are cause for immediate discharge without notice. I grant permission to use any information in this application to verify my statements, and I release all involved parties from any and all liability resulting from the investigation and verification of this information.

I understand that any job offer or my continued employment if hired is contingent upon my being physically and medically able to successfully perform my duties without harm to myself or to others. In addition, as a condition of employment, all new employees may be required to submit to a drug screening for the presence of illegal drugs. (Amphetamines, cannabinoids, cocaine, phencyclidine, methaqualone, opiates, barbiturates, methadone, propoxyphene and alcohol). Any candidate with positive test results will be denied employment at that time. The Clinic will not discriminate against candidates for employment because of past abuse of drugs or alcohol.

I understand that my employment with the Clinic is for no definite term and may be terminated by me or the Clinic with or without cause at any time. I further understand that no oral promise, Clinic policy, custom, business practice or other procedure (including the Clinic's employee handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Clinic.

The employee handbook, as well as other Clinic policies and procedures, are subject to change or modification by the Clinic, solely at its discretion, without notice. I also understand that no Supervisor or other official of the Clinic (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

If employed, I agree to abide by all the rules and regulations of the clinic and to wear or use all protective clothing or devices required. I understand that all procedures and/or papers that I originate and compile for the Clinic are the property of the Clinic. In the event I am photographed during the course of my employment, the Clinic has my permission to use any and all photos for various Clinic public relations purposes. I understand that I may be dismissed if I, at any time, reveal confidential information concerning the Clinic or a patient.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Applicant's Signature _____ **Date** _____

Interviewed By _____	Date _____
Interviewed By _____	Date _____
Comments _____	

HR
En
Re
E:

For Human Resources Use Only

Date of Hire _____ **Position** _____ **Salary** _____

Full Time [] **Part Time** [] **Temporary** []

Schedule _____