



APPLICATION FOR EMPLOYMENT

Family Health Care of Siouxland, PLC, is an equal opportunity employer and affords equal opportunity to otherwise qualified applicants for all positions without regard to race, color, creed, religion, sex, national origin, age, disability, veteran status, gender identity, sexual orientation, or any other status protected under local, state or federal laws.

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application. (Application must be completed in full even if attaching a resume.)

(PLEASE PRINT IN INK)

Position(s) Applied For	Date of Application		
Last Name	First Name	Middle Initial	
Address	City	State	Zip Code
Telephone Number	Alternate Number		
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____ <input type="checkbox"/> Other _____			

- Are you legally eligible to work in the United States? *(Proof of eligibility will be required upon offer of employment)* YES [] NO []
- Do you have a high school diploma or equivalent? YES [] NO []
- Are you over the age of 18 years? *(If no, you may be required to provide authorization)* YES [] NO []
- Can you perform the essential functions of this job, with or without reasonable accommodation? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES [] NO []
- Have you ever applied to FHC before? *(If yes, please give date.)* _____ YES [] NO []
- Have you ever worked for FHC before? *(If yes, please give date.)* _____ YES [] NO []
- Do you have a valid driver's license? *(For driving positions only.)* YES [] NO []
- Is anyone related to you employed by FHC? YES [] NO []
- If yes, please give their name and relationship to you. _____
- What salary or rate of pay do you expect to receive if employed? _____ per _____
- Have you ever been fired or asked to resign from a job? YES [] NO []
- If yes, please explain. _____
- Are you currently employed? YES [] NO []
- May we contact your present employer for references? YES [] NO []
- If yes name and phone number: _____

On what date would you be available for work? _____

Are you available to work:

- Full-time 35 or more hours/week
- Part-time 24 or more, but less than 35 hours/week----(please indicate Mornings, Afternoon, Evenings)
- On-call Less than 24 hours/week----(please indicate Mornings, Afternoon, Evenings)

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/ Degree
High School				
College/University				
Graduate School				
Vocational School				

Please list any academic honors, scholarships, offices held, professional, trade, business or civic activities, etc. applicable to the position. (Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)

Describe any specialized training, apprenticeships, or skills (summarize special job-related skills/qualifications).

Computer Skills:

- Microsoft Office (___ Word; ___ Excel; ___ Outlook; ___ Power Point; ___ Access)
(Please indicate level of experience for each: B = Basic, I = Intermediate, A = Advanced)
- Electronic Health Record/EHR (list software name) _____
- Practice Management System (list software name) _____
- Typing Experience
- Other (please list): _____

Professional License or Membership:

Type of License(s) Held _____

State - License Number _____

License Expiration Date _____

Other Professional Memberships _____

EMPLOYMENT HISTORY

(Begin with current or most recent employer. Do not exclude any employment. Include any gap in employment and applicable temporary employment. Attach another sheet if necessary.)

Job Title: _____ Company Name: _____	Employment Dates: From: _____ To: _____	Name and Title of Supervisor
Address: _____	Phone: _____	
Describe your duties:	Reason for leaving and explanation:	

Job Title: _____ Company Name: _____	Employment Dates: From: _____ To: _____	Name and Title of Supervisor
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Job Title: _____ Company Name: _____	Employment Dates: From: _____ To: _____	Name and Title of Supervisor
Address: _____	Phone: _____	
Describe your duties:	Reason for leaving and explanation:	

Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES

(Please list three persons not related to you who can provide professional references.)

Name	Address	Phone Number	Relationship/Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Family Health Care of Siouland (hereinafter referred to as "FHC") that such employment with FHC is at will, for no specified duration and may be terminated by either FHC or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of FHC or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of FHC except the CEO has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the CEO of FHC.

In consideration for employment with FHC, if employed, I agree to conform to the rules, regulations, policies and procedures of FHC at all times and understand that such obedience is a condition of employment. I understand that due to the nature of FHC business, attendance and punctuality are considered essential requirements of every job at FHC and that poor attendance or tardiness will result in disciplinary action.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to FHC and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature _____

Date _____

Name and number of person completing this form if other than applicant: _____

FHC IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, GENDER IDENTITY, SEXUAL ORIENTATION, OR ANY OTHER STATUS PROTECTED BY LAW.