



EDUCATION	Name & Location	Court of Study or Major	# Years Complete	Diploma/Degree
High School				
College/University				
Graduate School				
Vocational School				

Please list any academic honors, scholarships, offices held, professional, trade, business or civic awards 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 (summarized) related to this job/qualifications.

**Computer Skills** *Please indicate level of experience for each below: B = Basic, I = Intermediate, A = Advanced*

Microsoft Office		Word		Excel		Outlook		PowerPoint		Access
Electronic Health Record (EHR)	<i>Please list software name(s)</i>									
Practice Management System	<i>Please list software name(s)</i>									
Typing Experience	<i>Please list words per minute</i>									
Other	<i>Please list</i>									

**Professional License or Membership**

Type of License(s) Held	
State and License Number	
License Expiration Date	
Other Professional Membership(s)	

<b>Employment History</b>	<i>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. <b>This must be completed even if attaching a resume.</b></i>
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Title					Company Name		
Employment Dates	From		To		Company Address		
Supervisor Name & Title					Company Phone		
Describe duties							
Reason for leaving							

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Employment Dates	From		To		Company Address		
Supervisor Name & Title					Company Phone		
Describe duties							
Reason for leaving							

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	Email 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, statement 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	
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Name and number of person completing this form if other than applicant:			
Name		Phone Number	

**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.**

**Please email completed application to [Application@fhcs.com](mailto:Application@fhcs.com)**