



Family Health Care of SIOUXLAND

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 COMPLETE ELECTRONICALLY OR PRINT IN INK

Position Applied For				Date of Application			
Last Name				First Name		Middle Initial	
Address				City		State	
						Zip	
Phone Number				Email Address			
How Did You Hear About Us?		Social Media		Newspaper Ad		Employment Agency	
Current Employee? Please list name				Other?			

	YES	NO
Are you legally eligible to work in the United States? <i>(Proof of eligibility will be required upon offer of employment.)</i>		
Do you have a high school diploma or equivalent?		
Are you over the age of 18 years? <i>(If no, you may be required to provide authorization.)</i>		
Can you perform the essential functions of this job, with or without reasonable accommodation? <i>(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)</i>		
Have you ever applied to FHC before? <i>(If yes, please give date.)</i>		
Have you ever worked for FHC before? <i>(If yes, please give date.)</i>		
Do you have a valid driver's license? <i>(For driving positions only.)</i>		
Is anyone related to you employed by FHC?		
<i>If yes, please list name and relationship to you</i>		
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?		
<i>If yes, please explain</i>		
Are you currently employed?		
May we contact your present employer for references?		
<i>If yes, name and phone number</i>		

On what date would you be available for work?			
Are you available to work:		Full Time - 35 or more hours per week	
Part Time - 24 or more, but less than 35 hours per week		Mornings	Afternoons
On-Call - Less than 24 hours per week		Mornings	Evenings

EDUCATION	Name & Location	Court of Study or Major	# 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		<i>Please indicate level of experience for each below: B = Basic, I = Intermediate, A = Advanced</i>									
	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)	

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

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

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

Title					Company Name		
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 Siouxland (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@fhcsl.com