



INITIAL MEDICAL/DENTAL STAFF APPLICATION for EMPLOYMENT

POSITION: _____

DATE OF APPLICATION: ____/____/____

PLEASE PRINT

NAME: _____ Soc.Sec.#: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

TELEPHONE: _____
HOME BUSINESS OTHER (CELL, BEEPER)

If you are under 18, and it is required, can you furnish a work permit? Yes No
 If no, please explain: _____

Have you ever been employed here before? If yes, give dates and positions Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work: _____ What is your desired salary range? _____

Type of employment desired: full time _____ part-time _____ temporary _____
 Are you capable of performing the activities involved in the position for which you have applied with or without reasonable accommodation? Yes No

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) Yes No
 If yes, explain fully _____

EDUCATIONAL BACKGROUND (if job related)					
EDUCATIONAL EXPERIENCE	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	CREDIT HOURS	DEGREE, DIPLOMA OR GED GRANTED	MAJOR SUBJECT
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
TECHNICAL SCHOOL					
GRADUATE OR PROFESSIONAL					

SPECIAL TRAINING PROGRAMS AND SEMINARS YOU HAVE COMPLETED IN THE LAST FIVE YEARS (LIST):

LIST OTHER SKILLS IN WHICH YOU ARE PROFICIENT (TYPING, SOFTWARE APPLICATIONS, FOREIGN LANGUAGES, ETC.):

LIST ANY PROFESSIONAL LICENSES OR CERTIFICATIONS YOU HOLD:

EMPLOYMENT HISTORY

Provide information on any work experiences (include the last 10 years) you have had including military, volunteer, internships, and formal employment. You may attach a résumé to supplement the requested information, but do not leave anything out.

Title of present or last position _____ starting salary _____ last salary _____

Date employed: _____	Name and title of supervisor: _____
Date separated: _____	Employer: _____ # of employees supervised by you: _____
Full time: ___ yrs. ___ months	Address: _____ Telephone: _____
Part-time: ___ yrs. ___ months If part-time, number of hours worked per week: _____	Duties: _____
May we contact your present employer? Yes No	Reason for leaving: _____

Title of position _____ starting salary _____ last salary _____

Date employed: _____	Name and title of supervisor: _____
Date separated: _____	Employer: _____ # of employees supervised by you: _____
Full time: ___ yrs. ___ months	Address: _____ Telephone: _____
Part-time: ___ yrs. ___ months If part-time, number of hours worked per week: _____	Duties: _____
May we contact your employer? Yes No	Reason for leaving: _____

Title of position _____ starting salary _____ last salary _____

Date employed: _____	Name and title of supervisor: _____
Date separated: _____	Employer: _____ # of employees supervised by you: _____
Full time: ___ yrs. ___ months	Address: _____ Telephone: _____
Part-time: ___ yrs. ___ months If part-time, number of hours worked per week: _____	Duties: _____
May we contact your employer? Yes No	Reason for leaving: _____

EMPLOYMENT HISTORY (continued)

Title of position _____ starting salary _____ last salary _____

Date employed: _____ Date separated: _____ Full time: ____ yrs. ____ months Part-time: ____ yrs. ____ months If part-time, number of hours worked per week: _____ May we contact your employer? Yes No	Name and title of supervisor: _____ Employer: _____ # of employees supervised by you: ____ Address: _____ Telephone: _____ Duties: _____ _____ _____ _____ Reason for leaving: _____
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Title of position _____ starting salary _____ last salary _____

Date employed: _____ Date separated: _____ Full time: ____ yrs. ____ months Part-time: ____ yrs. ____ months If part-time, number of hours worked per week: _____ May we contact your employer? Yes No	Name and title of supervisor: _____ Employer: _____ # of employees supervised by you: ____ Address: _____ Telephone: _____ Duties: _____ _____ _____ _____ Reason for leaving: _____
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It is our practice to conduct a query through the National Practitioner Data Bank, for this purpose, please include the following information:

Date of Birth (MMDDYYYY)	State license number	Specialty
Gender	State license number	Specialty
National Provider Identifier (NPI #) (if applicable)	Drug Enforcement Administration Number (DEA)	Unique Physician Identification Number (UPIN)
Individual Taxpayer Identification Number (ITIN)	Federal Employer Identification Numbers (FEIN)	Alias/Maiden Name

APPLICANT STATEMENT

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. I understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed.

In the event confirmation is needed in connection with my work, I expressly authorize, without reservation, representatives, employees, or agents of MedNorth Health Center (MNHC) to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview. I hereby waive any and all rights and claims I may have regarding MNHC, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

It is the policy of MNHC to recruit, hire, train and promote individuals, as well as administer any and all personnel actions, without regard to race, color, religion, age, sex, national origin or ancestry, marital status, sexual preference, or status as a qualified handicapped individual, in accordance with applicable law. Employment at MNHC will be based upon an individual's qualifications, skills, and abilities to perform the duties of the position.

In accordance with the Drug Free Workplace Act of 1988, MNHC prohibits the unlawful manufacture, distribution, dispensing, possession, or use of controlled or illegal substances in the workplace or while acting on Center business.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of MNHC is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by MNHC's Chief Executive Officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that this application remains current for 90 days. At the conclusion of that time, if I have not heard from MNHC and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____