

Insert Center Name, Logo, Address Here

# EMPLOYMENT APPLICATION

POSITION APPLIED FOR:

(Insert Center name) does not discriminate against any person on the basis of race, color, religion, sex, gender, marital status, disability, national origin, age, veteran or any other status or category protected by law in admission, treatment, or participation in its programs, services and activities. Equal access to programs, services and employment, is available to all persons. Those applicants requiring assistance with the application and/or interview process should contact the Center Director.

## PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE NAME	
STREET ADDRESS		CITY		STATE	ZIP
#1 TELEPHONE ( )		#2 TELEPHONE ( )		BEST TIME TO REACH YOU	
EMAIL ADDRESS:				DATE OF APPLICATION:	

If hired, can you provide proof of your identity and employment eligibility in the United States prior to beginning work? ☐ YES ☐ NO

Have you ever been convicted of or plead no contest to a crime?

☐ YES\* ☐ NO \* If YES, please explain:

(Please note that a conviction does not necessarily disqualify an applicant from employment. Also, "conviction" includes sentenced to confinement, payment of fines, time served, probation, deferred adjudication, and/or court-ordered restitution.)

How were you referred to the center?

☐ Walk-in ☐ Advertisement (please specify) ☐ School (please specify)  
☐ Job Fair ☐ Government Agency ☐ Internet ☐ Other (please specify)  
☐ Current or Former Employee ( please list name)

Please list any friends or family members who are current employees:

Name: ☐ Family ☐ Friend  
Name: ☐ Family ☐ Friend  
Name: ☐ Family ☐ Friend

## AVAILABILITY

What type of employment?	Which shift do you prefer?	If hired, when could you start?
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary	<input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS ONLY	

Will you work overtime if required? ☐ YES ☐ NO  
If no, please explain:

Minimum Salary :

## EDUCATION

Starting with your most recent school attended, provide the following information:

Name of School	Address and City	Completed	Major
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other	

**EXPERIENCE**

Have you ever worked for this center as

An Employee? ☐ YES ☐ NO From \_\_\_\_\_ to \_\_\_\_\_A Contractor? ☐ YES ☐ NO From \_\_\_\_\_ to \_\_\_\_\_

Name of Contractor/Agency: \_\_\_\_\_

**List your full employment experience, beginning with the most recent.**

Employer				List all Job Duties	
Supervisor/Title		Telephone #			
Address					
Position When Hired		Current or Last Position			
Date of Employment from _____ to _____		Starting Pay	Ending Pay		
Did you leave voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary		

Employer				List all Job Duties	
Supervisor /Title		Telephone #			
Address					
Position When Hired		Last Position			
Date of Employment from _____ to _____		Starting Pay	Ending Pay		
Did you leave voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary		

Employer				List all Job Duties	
Supervisor /Title		Telephone #			
Address					
Position When Hired		Last Position			
Date of Employment from _____ to _____		Starting Pay	Ending Pay		
Did you leave voluntarily? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary		

**LICENSES AND/OR CERTIFICATIONS (including Driver's License)**

Type of License/Certification	Issuing State and/or Agency	Number	Expiration Date

Has your license, registration or certification ever been suspended, revoked or had a disciplinary action taken against it?  
☐ YES ☐ NO If yes, explain: \_\_\_\_\_

#### APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. If I am hired by (*insert Center name*) and if the center discovers at any time during my employment that any of the statements or answers on this application are false, misleading or incomplete, I may be dismissed immediately from my job.

I agree to submit to a medical evaluation which may include testing for illegal drugs or alcohol, prior to beginning work with the facility. I understand that if I am employed by the facility, I may be required, when job related and consistent with the center's business needs, to undergo a medical examination or testing for illegal drugs and alcohol.

I understand that this application will be considered active for one (1) year from the date listed below. If I wish to be considered for a job with the center after this period of time, I must complete a new application.

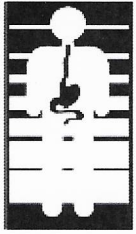
I understand that neither this document nor any offer of employment from (*insert Center name*) constitutes an employment contract unless a specific document to that effect is executed and signed by the representative of (*insert Center name*) and the employee in writing. I understand and agree that, if hired, my employment will be for no definite period of time and may be terminated at any time without notice and with or without reason, by either myself or (*insert center name*).

If hired, I agree to abide by all the center's rules and regulations.

I authorize investigation of all statements contained in this application and supporting documents, including but not limited to resumes, licenses and certifications, which the center deems necessary to determine my qualifications for employment. I give (*insert center name*) my permission to contact any former or current employer, school, credit bureau, personal or professional reference or any other appropriate source or individual for the purpose of gathering information. I further give my consent to any such source to release to the center or its agents whatever information requested. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing truthful information about me.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_





## Digestive Specialists, Inc.

[www.digestivespecialists.com](http://www.digestivespecialists.com)

4340 Clio Road • Dayton, Ohio 45459

Phone: (937) 534-7330 • Fax: (937) 293-8772

## Candidate Information

What did you like and dislike about your previous jobs? Why did you leave? \_\_\_\_\_

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Give an example of a time when you did your best and felt particularly satisfied with your performance.

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When have you not done as well as expected? What caused your performance to suffer? How did you respond?

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How do you spend your time on a typical weekend? What hobbies do you have?

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What do you consider your strongest and weakest attributes? How would you classify your personality type?

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What do you find most appealing about this job as you understand it? What do you think you would like least?

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### **Billing Applicants Only**

List any electronic billing systems with which you are familiar. \_\_\_\_\_  
\_\_\_\_\_

List any specialties you have billed for. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you billed to any EMC or clearinghouses? ☐ Yes ☐ No If yes, please list.

Have you ever been bonded? ☐ Yes ☐ No

### **Medical Assistant Applicants Only**

List any specialties with which you have had experience. \_\_\_\_\_  
\_\_\_\_\_

List any specialized training you have received. \_\_\_\_\_  
\_\_\_\_\_

Are you certified? ☐ Yes ☐ No

We do background checks on all our applicants. It includes credit history, criminal arrest and conviction history, motor vehicle record, references and copies of prior personnel files. Would you sign an authorization form to have this performed on you?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date