

Provider Employment Application

 Date Last Name First Name Middle

Present Address

 No. & Street City State Zip Code

Permanent Address *(if different from present address)*

 No. & Street City State Zip Code

Contact Information

 Business Phone Home Phone Cell Phone

Employment Desired

Position applying for: _____

Are you applying for:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| Regular full-time work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Regular part-time work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Per Diem or locums work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From: _____ To: _____

Are you available to be assigned to on call shifts? (Approximate ratio is 1:7 and a stipend is paid). Yes No

Would you be available to work overtime, if necessary? Yes No

If hired, what date can you start work? _____

Personal Information

How did you hear about our company and this job opening? _____

Have you ever applied to or worked for Western Sierra Medical Clinic before? Yes No

If yes, when? _____

Why are you applying for work at Western Sierra Medical Clinic? _____

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? (See attached Job Description). Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Do you have any relatives working at Western Sierra Medical Clinic? Yes No

If so, what are their names? _____

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Education, Training, and Experience

High School

_____ Dates Attended: _____ to _____
Name

Address _____ City _____ State _____ Zip Code _____
Number of years completed: _____ Did you graduate? _____ Degree or Diploma? _____

College/University

_____ Dates Attended: _____ to _____
Name

Address _____ City _____ State _____ Zip Code _____
Number of years completed: _____ Did you graduate? _____ Degree or Diploma? _____

Vocational/Business

_____ Dates Attended: _____ to _____
Name

Address _____ City _____ State _____ Zip Code _____
Number of years completed: _____ Did you graduate? _____ Degree or Diploma? _____

Health Care Training

_____ Dates Attended: _____ to _____
Name

Address _____ City _____ State _____ Zip Code _____
Number of years completed: _____ Did you graduate? _____ Degree or Diploma? _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Western Sierra Medical Clinic? Yes No

If so, please explain: _____

Please answer the following questions:

Are you licensed/certified for the job applied for? Yes No

Name of license/certification: _____ Issue Date: _____

License/Certification Number: _____ Expiration Date: _____

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement: _____

Are you Board Certified? Yes No

If so, name of Board: _____ Expiration Date: _____

Do you have a current, unrestricted DEA license? Yes No

DEA Number: _____ Issue Date: _____

Expiration Date: _____

Do you have an NPI number? Yes No

NPI Number: _____

Are you registered with CAQH? Yes No

If so, may Western Sierra Medical Clinic have your username and password to review your application? This will help us determine how long the credentialing process may take. Yes No

CAQH Number: _____ Username: _____ Password: _____

Have you ever been refused Malpractice Insurance? Yes No

Do you have a specialty? Yes No

Primary Specialty: _____ Secondary Specialty: _____

Have you previously been credentialed with Blue Shield, River City or Dignity Health? (Circle which one, if any). Yes No

Do you have previous experience with an Electronic Health Records system? Yes No

If so, which one(s): _____

Employment History (You must complete this section even if attaching a resume. The last 5 years is sufficient.)

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address City State Zip Code

Dates of Employment: _____ to _____ Last Salary: _____

Your Position and Duties: _____

Reason for Leaving: _____

Current Employer? _____ May we contact this employer for a reference? _____

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address City State Zip Code

Dates of Employment: _____ to _____ Last Salary: _____

Your Position and Duties: _____

Reason for Leaving: _____

Current Employer? _____ May we contact this employer for a reference? _____

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address City State Zip Code

Dates of Employment: _____ to _____ Last Salary: _____

Your Position and Duties: _____

Reason for Leaving: _____

Current Employer? _____ May we contact this employer for a reference? _____

Employment History (Continued)

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address City State Zip Code

Dates of Employment: _____ to _____ Last Salary: _____

Your Position and Duties: _____

Reason for Leaving: _____

Current Employer? _____ May we contact this employer for a reference? _____

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address City State Zip Code

Dates of Employment: _____ to _____ Last Salary: _____

Your Position and Duties: _____

Reason for Leaving: _____

Current Employer? _____ May we contact this employer for a reference? _____

Name of Employer Phone Number

Type of Business Your Supervisor's Name

Address City State Zip Code

Dates of Employment: _____ to _____ Last Salary: _____

Your Position and Duties: _____

Reason for Leaving: _____

Current Employer? _____ May we contact this employer for a reference? _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____ Name	_____ Phone Number		
_____ Occupation	_____ Number of Years Acquainted		
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Name	_____ Phone Number		
_____ Occupation	_____ Number of Years Acquainted		
_____ Address	_____ City	_____ State	_____ Zip Code
_____ Name	_____ Phone Number		
_____ Occupation	_____ Number of Years Acquainted		
_____ Address	_____ City	_____ State	_____ Zip Code

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Western Sierra Medical Clinic to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

_____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

_____ Date

_____ Applicant's Signature

Optional

Should a search of public records be conducted by internal personnel employed by the Company, I am entitled to copies of any such public records obtained by the Company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below. "Public records" are defined by California state law and means records documenting an "arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment." (Civil Code section 1786.53) Any public records request performed by internal personnel employed by the Company will only be conducted and used to the extent allowed by federal, state or local law.

I waive receipt of a copy of any public record described in the paragraph above.

_____ Date

_____ Applicant's Signature

Optional

The information requested below is necessary for the specific position for which you are applying. A "yes" answer will not necessarily disqualify you from the position. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered.

Any information regarding criminal history will be maintained confidentially.

Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No

(Please do not list misdemeanor convictions for marijuana-related offenses that are more than two years old, infractions, records relating to diversion programs, convictions that have been judicially dismissed, expunged or ordered sealed pursuant to law, or any convictions, adjudications or other court actions by a juvenile court).

If yes, state nature of the crime(s), when and where convicted, disposition of the case and any additional information you believe may be relevant.

Date

Applicant's Signature