



PROVIDER EMPLOYMENT APPLICATION

FOR WESTERN SIERRA MEDICAL CLINIC ("WSMC")

CONTACT INFORMATION

Full Name: _____ Date: _____

Home Phone: (_____) _____

Cell Phone: (_____) _____

Email Address: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT DESIRED

Position applying for: _____ Desired wage/salary: _____

Applying for: Full-time Part-time Temporary Per-Diem

What days and hours would you be available to work? _____

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

Available starting on: _____ and ending on: _____

Would you be available to work on weekends? Yes No

Would you be able to travel to other sites to work, if needed? Yes No

Would you be available to be assigned on-call shifts? Yes No

If offered employment, on what date would you be available to start work? _____

PERSONAL INFORMATION

Have you ever applied to, or worked for WSMC? Yes No

If so, when? _____

Do you have any friends or relatives working for WSMC? Yes No

If yes, state name(s) and relationship: _____

Why are you applying for work at WSMC? _____

Are you 18 years of age or older? (If you are under 18, employment is subject to verification that you are of minimum legal age.) Yes No

If hired, can you present evidence of your U.S. citizenship, or proof of your legal right to live and work in this country? Yes No

Are you currently employed? Yes No

EDUCATION, TRAINING AND EXPERIENCE

High School: _____ Number of years attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Did you graduate? _____ Degree/Diploma: _____

College: _____ Number of years attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Did you graduate? _____ Degree/Diploma: _____

Vocational: _____ Number of years attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Did you graduate? _____ Degree/Diploma: _____

Other: _____ Number of years attended: _____

Address: _____ City: _____ State: _____ Zip: _____

Did you graduate? _____ Degree/Diploma: _____

Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for work at WSMC? Yes No

If so, please explain: _____

LICENSE/CERTIFICATION

Are you licensed/certified for the job you are applying for? Yes No

Name of license/certification: _____

License/certification number: _____

Expiration date: _____

Are you Board Certified? Yes No

Name of Board: _____

Expiration date: _____

Do you have a DEA license? Yes No

DEA number: _____

Expiration date: _____

Do you have an NPI number? Yes No
NPI number: _____

Are you registered with CAQH? Yes No
CAQH number: _____

Have you ever been refused malpractice insurance? Yes No

Do you have a specialty? Yes No
Primary specialty: _____
Secondary specialty: _____

Do you have any experience with an Electronics Health Records system? Yes No
If so, which one(s): _____

EMPLOYMENT HISTORY

List all present and past employment starting with your most recent employer (last five years is sufficient). Account for all periods of unemployment with an explanation. You must complete this section even if attaching a resume.

Employer: _____ Type of business: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Your supervisor's name: _____
Date employment began: _____ Date employment ended: _____
Last position held: _____
Duties: _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No

Employer: _____ Type of business: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Your supervisor's name: _____
Date employment began: _____ Date employment ended: _____
Last position held: _____
Duties: _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No

Employer: _____ Type of business: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Your supervisor's name: _____
Date employment began: _____ Date employment ended: _____
Last position held: _____
Duties: _____
Reason for leaving: _____
May we contact this employer for a reference? Yes No

REFERENCES

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

Name: _____ Number of years acquainted: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Occupation: _____

Name: _____ Number of years acquainted: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Occupation: _____

Name: _____ Number of years acquainted: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (_____) _____ Occupation: _____

ACKNOWLEDGEMENT AND SIGNATURE

(Initial _____) 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.

(Initial _____) I understand that, 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.

(Initial _____) I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and 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.

(Initial _____) 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.

Applicant Signature: _____ **Date:** _____