

Putnam North Family Medical Center
11220 N. Rockwell
Oklahoma City, OK 73162

Application for Employment

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Personnel Supervisor.

Date of application _____ Position applied for _____

Name _____ Social Security Number _____

Address _____

Telephone # (____) _____ Mobile/Pager (____) _____ E-mail Address _____

If necessary, best time to contact you at home is

May we contact you at work Yes No If yes, work # and best time to call (____) _____

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

Date available for work..... ____/____/____ What is your desired salary? \$ _____

Type of employment requested Full-time Part-time Temporary Long-term

What is your anticipated length of employment? _____

Check time(s) willing to work: Days Evenings Overtime if necessary

Circle the days of the week you will not be available to work.... Mon Tues Wed Thur Fri Sat Sun

Can your future vacations be arranged at the convenience of the office? Yes No

Have you ever been bonded? Yes No

Do you have any physical condition which could (1)limit your ability to perform the job applied for, or (2) be aggravated by the job you have applied for? Yes No

Have you ever pled guilty or no contest to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

Answering yes to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

An Equal Opportunity Employer

Experience and Skills

Have you had experience in the following:

	Yes	No		Yes	No
Typing (W.P.M. _____)			Set up and assist w/ minor surgeries		
Filing			Triage		
Heavy Phones			EKG's		
Scheduling Appointments			Venipuncture		
Data Entry (keystroke speed _____)			Urinalysis w/ micro		
CPT / ICD-9 Coding			Injections		
Medicare Regulations			EMR/EHR Documentation		
Account Collection			Immunization guidelines		
Insurance Processing			X-Rays		
Managed Care Guidelines			IV therapy		
Medical Terminology			Referral Authorization		
Transcription			Microsoft Outlook		

Education

	Location	Dates Attended	Course of Study	Degree/ Certificate
High School				
College, Trade School				

Certificates or Licenses	Date Earned	State Issued	Current Status
CPR			

Employment History

Please list your last 3 employers starting with the most recent.

Name of Employer	Your last name while employed	
Address	Telephone Number ()	
Position		
Description of your job		
Dates of Employment		
Date Hired	Date Separated	Length of Employment _____ Years ___ Months
Reason for Leaving		
Supervisor's Name	Telephone # (if different than above)	
May we contact this past employer?		
Salary when hired	Salary at Separation	
\$	\$	

Name of Employer	Your last name while employed	
Address	Telephone Number ()	
Position		
Description of your job		
Dates of Employment		
Date Hired	Date Separated	Length of Employment _____ Years ___ Months
Reason for Leaving		
Supervisor's Name	Telephone # (if different than above)	
May we contact this past employer?		
Salary when hired	Salary at Separation	
\$	\$	

Name of Employer	Your last name while employed		
Address	Telephone Number ()		
Position			
Description of your job			
Dates of Employment			
Date Hired	Date Separated	Length of Employment	____ Years ____ Months
Reason for Leaving			
Supervisor's Name		Telephone # (if different than above)	
May we contact this past employer?			
Salary when hired		Salary at Separation	
\$		\$	

Applicant Statement

I certify that all information that I have provided is complete and correct and subject to verification. I further understand that any false statements or omissions may be cause for dismissal if hired.

I understand that the employer does not unlawfully discriminate and no question on this application is used for the purpose of limiting or excusing applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

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. The 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 the employer 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 the Office Manager.

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

Signature of Applicant _____ Date _____