



Employment Application

Date ____/____/____

PERSONAL INFORMATION

Full Name _____
Last
First
Middle Initial

Address _____
Street
City
State
Zip

Social Security Number ____-____-____ Phone (____)____-____ Alternate Phone (____)____-____

Position applying for: _____

Schedule preferred:
 ____ Full Time ____ Part Time ____ Temporary

EDUCATION

High School Graduate ____ Yes ____ No

High School _____
School Name
City, State
yrs. Attended

School Name
City, State
yrs. Attended

College or Other Special Training:

School Name
City, State
yrs. Attended
Degree/Major

School Name
City, State
yrs. Attended
Degree/Major

SPECIAL SKILLS

(Indicate With Check Mark)

Bookkeeping	_____	RN	_____	Other applicable skills/knowledge:
Filing	_____	LPN	_____	_____
Transcription	_____	MA	_____	_____
Typing (WPM)	_____	Venipuncture	_____	_____
ICD-9/CPT Coding	_____	Injections	_____	_____

EMPLOYMENT (continued)

(5) _____ From ____/____/____ - To ____/____/____
Company Name

Street Address _____ City, State _____ Zip _____

Position Held _____ Supervisor _____ Telephone (____)____-____ \$ Salary _____

Reason For Leaving _____

(6) _____ From ____/____/____ - To ____/____/____
Company Name

Street Address _____ City, State _____ Zip _____

Position Held _____ Supervisor _____ Telephone (____)____-____ \$ Salary _____

Reason For Leaving _____

Please account for any lapse in employment dates:

QUESTIONS

Have you ever been convicted of a criminal offense? ____Yes ____No

If yes, date: ____/____/____ Place: _____
City, State

Nature (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Do you smoke? ____Yes ____No

REFERENCES

Name _____

Company _____

Relationship to You _____

Address _____

Telephone (____)____-____

Name _____

Company _____

Relationship to You _____

Address _____

Telephone (____)____-____

APPLICANT'S AGREEMENT

"I understand and agree that, if I am employed by Blanchard Valley Medical Associates, Inc., my employment is entirely "at will," which means neither are guaranteed for any definite period of time, and that my employment can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either Blanchard Valley Medical Associates, Inc. or myself. I understand and agree that Blanchard Valley Medical Associates, Inc. reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment, including my compensation, at its discretion at anytime with or without notice. I understand and agree that no oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of the Agreement, and if I believe that any such previous agreements between any Blanchard Valley Medical Associates, Inc. representative and myself have been made, I agree they are **suspended by the contents of this Agreement**. I understand and agree that no representative of Blanchard Valley Medical Associates, Inc., other than the Practice Administrator, the Management Committee of physicians, or the Board of Directors as a whole, have any authority to enter into any other agreement with me or provide me with any assurances relating to any aspect of my employment with Blanchard Valley Medical Associates, Inc., except that the above mentioned officials of Blanchard Valley Medical Associates, Inc. may do so in writing, although the terms of that Agreement cannot contradict the contents of this one. The terms of this agreement will supersede all others.

I understand that if I am offered employment by Blanchard Valley Medical Associates, Inc., and if I accept that offer, this document will serve as the only and primary Agreement between Blanchard Valley Medical Associates, Inc., its representatives and myself. I also agree that \$1.00 of the wages I am paid when I report to work on my first day of employment will serve as sufficient consideration to bind this Agreement.

I authorize Blanchard Valley Medical Associates, Inc. to investigate my background, qualifications and/or any other information from whomever it deems appropriate. I also authorize anyone Blanchard Valley Medical Associates, Inc. contacts as part of its investigation to release any information they have regarding me or my employment to Blanchard Valley Medical Associates, Inc. or its representatives. I also release all parties from all liability for any damage that may result from furnishing this information to Blanchard Valley Medical Associates, Inc. Further, I release Blanchard Valley Medical Associates, Inc. from all liability for any information it might deem appropriate to release regarding me and my employment in the future.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by Blanchard Valley Medical Associates, Inc. at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by Blanchard Valley Medical Associates, Inc. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. I hereby release all persons or companies conducting such examinations from all liability.

I also certify that the facts contained in this Application are true and complete to the best of my knowledge and understanding and that if I am employed, any statements I have falsified on the Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby and voluntarily agree to all of the provisions contained herein."

READ CAREFULLY BEFORE SIGNING

"I agree that any claim or lawsuit relating to my service with Blanchard Valley Medical Associates, Inc. or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

If you are hired, this Employment Application will become part of your official employment record.

APPLICANT'S SIGNATURE

_____/_____/_____
DATE