

Salinas Family Practice

Salinas Family Practice
1328 Natividad Road
Salinas, CA 93906
(831) 757-8081
(831) 757-0625 Fax

SALINAS FAMILY PRACTICE IS AN EQUAL OPPORTUNITY EMPLOYER

State and federal laws prohibit discrimination in employment because of race, color, national origin, ancestry, sex, gender (including gender identity and gender expression), religion, age, mental or physical disability, military or veteran status, medical condition, marital status, sexual orientation, pregnancy, or any other characteristic protected by federal, state or local law.

NOTE: Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating the employment relationship.

PERSONAL INFORMATION

Please print clearly. Use additional pages as necessary.

1. **Name:** _____
Last First Middle

2. **Address:** _____
Street City State Zip

3. **Telephone Number:** () - _____ 4. **Email Address** _____

5. **Are you at least 18 years old?** Yes No *If employed & under the age of 18, can you furnish a work permit?* Yes No

6. **Do you have a legal right to work in the United States?** Yes No

If employed, you will be required to provide proof.

7. **Have you applied to Salinas Family Practice for employment in the past?** Yes No

If yes, when? _____ Position applied for: _____

8. **Do you have any relatives currently employed by Salinas Family Practice?** Yes No

If yes, who? _____ What relation to you? _____

9. **Have you ever used another name that we would need to verify your employment experience and education?**

Yes No If yes, indicate such name and the date the name changed:

10. **Are you currently employed?** Yes No *If yes, may we contact your current employer at anytime?* Yes No

You may contact my current employer, but only when: _____

POSITION

1. **Position for which you are applying:** _____

First Choice
Second Choice
2. **Salary/wage desired:** _____ per _____
3. **Are you available to work:**

Full-Time
 Evenings
 Other: _____

Part-Time
 Weekends

Temporary
 Overtime

On-Call
 Split Shift
4. **When would you be available to start working?** _____
5. **How did you hear about the availability of the position for which you are applying?**

Advertisement
 Friend

Employment Agency
 Relative

Current Employee
 Walk-In

Other: _____
6. **If the position you are applying for requires the use of a vehicle, do you have a valid driver's license?** Yes No
 License #: _____ Class: _____ State: _____ Expiration Date: _____
7. **Have you been given a Job Description, or have the requirements of the job been explained to you?** Yes No
 Do you understand these requirements? Yes No
8. **Can you perform any or all of the job functions for the position you are seeking, either with or without reasonable accommodation?** Yes No
9. **Can you meet the attendance standard of our company, which requires all employees to report for work on time for all scheduled days or shifts?** Yes No

SPECIAL SKILLS AND TRAINING

1. **Describe specialized training, apprenticeships, skills or research:**

2. **List current certifications and/or professional licenses, if any, and where registered:**

3. **Office/business equipment and software qualified or trained to use:**

4. **Check special skills or training:**

<input type="checkbox"/> Phone Systems <input type="checkbox"/> Reception <input type="checkbox"/> Public/Customer Relations <input type="checkbox"/> Customer Service <input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Medical Office Experience <input type="checkbox"/> Cash Handling <input type="checkbox"/> Back Office <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Filing	<p style="text-align: center;">Please Check Software and List Programs (i.e., Word, Excel, etc.):</p> <input type="checkbox"/> Word Processing _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Spreadsheet _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Database _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Accounting _____ <input type="checkbox"/> basic <input type="checkbox"/> adv. <input type="checkbox"/> Other _____ <input type="checkbox"/> basic <input type="checkbox"/> adv.
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5. **Please indicate any language skills, other than English, below:**

LANGUAGE	READING			SPEAKING			UNDERSTANDING			WRITING		
	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR	FLUENT	GOOD	FAIR
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT EXPERIENCE

Directions: Begin with your present or last job. Account for all periods of time, including military experience, and periods of unemployment and the nature of your activities. Since we will make every effort to contact previous employers, the correct telephone numbers are appreciated.

THE FOLLOWING MUST BE COMPLETED IN DETAIL– RESUMES ARE NOT ACCEPTED IN LIEU OF THIS INFORMATION.

1.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
	Job Title			
	Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?			

2.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
	Job Title			
	Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?			

3.	Employer	Dates Employed		Key Responsibilities
		From	To	
	Address			
		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
	Telephone Number	Supervisor's Name, Title and Telephone Number		
	Job Title			
	Reason for Leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Laid off <input type="checkbox"/> Discharged Why?			

4.	Employer	Dates Employed from _____ to _____	Address	Job Title
5.	Employer	Dates Employed from _____ to _____	Address	Job Title
6.	Employer	Dates Employed from _____ to _____	Address	Job Title
7.	Employer	Dates Employed from _____ to _____	Address	Job Title

EDUCATION AND TRAINING

TYPE of SCHOOL	SCHOOL NAME, CITY and STATE	MAJOR	Choose Last Year
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Community College		From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1 <input type="checkbox"/> 2
College/University		From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Graduate School		From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Business/Trade/Other School		From: _____ To: _____	Degree: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

EMPLOYMENT REFERENCES

Name	Business Relationship	Organization/Address	Telephone

CERTIFICATION

DIRECTIONS: PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL BEFORE SIGNING THIS APPLICATION FORM.

Accuracy: I hereby certify that I have personally completed this application, that the answers given by me are true and complete, and that no material fact has been omitted. I understand that any false statements appearing on this or any other employment form will be sufficient reason to end further consideration of this application and not hire me; if discovered after my employment, such false statement will be sufficient reason for dismissal from the services of Salinas Family Practice regardless of the time that has elapsed before discovery.

 Typed

 Signed

Reference Checks: I authorize Salinas Family Practice or its designated agents to contact my references and to investigate my past employment, education credentials, Department of Motor Vehicles driving record, and other employment-related activities, without giving me prior notice of such disclosure. I agree to cooperate in such investigations and release those parties supplying such information to Salinas Family Practice from all liability or responsibility with respect to information supplied to Salinas Family Practice.

 Typed

- Where an outside company conducts such an investigation, I request, authorize and consent to the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character, personal characteristics and general reputation; where the job requires a credit check, a separate authorization will be provided. This authorization in original or copy format, shall be valid for one year from the date indicated next to my signature below. According to the Fair Credit Reporting Act, I will be notified if employment is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided.

 Signed

Contingencies: Where a conditional offer of employment is made, I acknowledge it is contingent upon Salinas Family Practice performing any of the following: drug and alcohol screening, medical fitness for duty examination, criminal convictions*, and when applicable to the job a credit check. Should a conditional offer of employment be made, a separate authorization and disclosures will be provided. (*) In accordance with company policy, an individual assessment will be made, including the information reviewed for job-relatedness and time since last conviction.

 Typed

 Signed

At-Will Employment: I understand that filing this application in no way assures me a position with Salinas Family Practice, and that this application is not, and is not intended to be, a contract of employment. I understand that if employed, my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, and at the option of either Salinas Family Practice or myself. I further understand that no one other than the Principals of Salinas Family Practice has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

 Typed

 Signed

 Typed Signature of Applicant

 Signature of Applicant

 Date