



APPLICATION FOR EMPLOYMENT

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Social Security No.: _____ - _____ - _____ Sex: Male / Female (please circle one)

Current Address: _____ City: _____ State: _____ ZIP: _____

Permanent Address (if different from above): _____ City: _____ State: _____ ZIP: _____

Phone Number: (home) _____ (cell) _____ Email Address: _____

Type of Position: Clerical/Administrative Clinical Management Executive (please circle one) Desired Position: _____

Were you referred by someone? If so, who? _____ Are you related to any staff member(s)? Yes / No

If yes, please indicate name and relationship: _____

Are you 18 years or older? Yes / No

Are you either a U.S. citizen or an alien authorized to work in the United States? Yes / No

Have you ever been convicted, plead guilty to deferred adjudication or probation for a crime? Yes / No

Have you been released from confinement following a conviction for any criminal offense? Yes / No

Are you presently charged with any violation of the law? Yes / No

If you answered "yes" to any of the preceding three questions, please explain: _____

Do you speak English? Yes / No If yes, to what level? Fluent Able to Write Able to Read (please circle all that apply)

What foreign languages do you know? Speak? _____ Write? _____ Read? _____

List additional languages here: Speak? _____ Write? _____ Read? _____

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Are you interested in: Full-time Part-time PRN

For positions that require shift work, which shift do you desire? (please circle all that apply)

PRN/On call 8 hour shift

10 hour shift 12 hour shift

Days Evenings

Nights Weekends/Weekdays

Weekdays only Weekends only

Date you can start: _____

Desired Salary: _____

Are you currently employed? Yes / No

May we contact your current employer? Yes / No

If "no," please explain why you desire for us not to contact your current employer: _____

Have you ever applied for employment or worked with this company before? Yes / No If "yes," when? _____ What position? _____

What prompted you to apply for a position with us?: Friend Ad Agency Other

Are you able to perform the essential functions of the position for which you are applying? Yes / No

Education:

High School:

Name & location of school: _____ No. of years attended: _____ Did you graduate? Yes / No Degree: _____

Name & location of school: _____ No. of years attended: _____ Did you graduate? Yes / No Degree: _____

College:

Name & location of school: _____ No. of years attended: _____ Did you graduate? Yes / No Degree: _____

Name & location of school: _____ No. of years attended: _____ Did you graduate? Yes / No Degree: _____

Trade / Business School:

Name & location of school: _____ No. of years attended: _____ Did you graduate? Yes / No Degree: _____

Other:

Name & location of school: _____ No. of years attended: _____ Did you graduate? Yes / No Degree: _____

Professional Licenses and/or Certificates:

First: Type Number: _____ Organization or State Issued: _____ Date Issued: _____
Date of Expiration: _____

Second: Type Number: _____ Organization or State Issued: _____ Date Issued: _____
Date of Expiration: _____

Third: Type Number: _____ Organization or State Issued: _____ Date Issued: _____
Date of Expiration: _____

Fourth: Type Number: _____ Organization or State Issued: _____ Date Issued: _____
Date of Expiration: _____

Fifth: Type Number: _____ Organization or State Issued: _____ Date Issued: _____
Date of Expiration: _____

Have you ever been in military service? Yes / No If "yes," please indicate branch: _____ Dates: From _____ to _____

Were you honorably discharged? Yes / No Rank upon discharge: _____ Present member of National Guard or Reserves? Yes / No

Employment History:

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH CURRENT OR LAST ONE FIRST):

List ALL previous employers for whom you have worked during the past ten years beginning with your current employer. Explain any lapses between employment dates. This section MUST be completed accurately. You may, in addition, submit a resume. (click here to upload your resume): _____

Current or Last Employer:

Name of Company: _____ Phone: _____ Position Held: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Employed: From _____ to _____ Name of Supervisor: _____ Supervisor's Phone: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____ Reason for Leaving: _____

Next Previous Employer:

Name of Company: _____ Phone: _____ Position Held: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Employed: From _____ to _____ Name of Supervisor: _____ Supervisor's Phone: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____ Reason for Leaving: _____

Next Previous Employer:

Name of Company: _____ Phone: _____ Position Held: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Employed: From _____ to _____ Name of Supervisor: _____ Supervisor's Phone: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____ Reason for Leaving: _____

Next Previous Employer:

Name of Company: _____ Phone: _____ Position Held: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Employed: From _____ to _____ Name of Supervisor: _____ Supervisor's Phone: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____ Reason for Leaving: _____

Next Previous Employer:

Name of Company: _____ Phone: _____ Position Held: _____

Address: _____ City: _____ State: _____ ZIP: _____

Dates Employed: From _____ to _____ Name of Supervisor: _____ Supervisor's Phone: _____

Hourly Starting Salary: _____ Hourly Ending Salary: _____ Reason for Leaving: _____

Please explain all lapses in employment: _____

Have you ever been discharged from a job or forced/asked to resign? Yes / No If "yes," please explain: _____

Use this space to give us other information about your personal qualities, work style, interpersonal skills, or communication skills which would assist us in placing you: _____

SKILLS (Please check all of the skills you currently possess):

Filing Typing (____ wpm) Dictaphone Short-hand (____ wpm) Letter composition Admitting Medical terminology BioMedical
 Data entry equipment 10-key by touch Payroll Accounts receivable Accounts payable Spreadsheets / Excel Medical transcriptions
 Word processing Switchboard Insurance billing Collections Other (please specify) _____

Health Care Fraud/Abuse

All applicants wishing to be considered for employment at University General Hospital Systems must disclose the existence of any previous conviction or exclusion relating to health care programs.

Have you ever been convicted of any criminal violation of law; or are you now pending investigation or charges of violation of criminal law? Yes / No

If "yes," please explain: _____

Have you been subject to any disciplinary adverse action(s) by any authorized sanctioning or disciplinary agency for either conduct or performance based actions? Yes / No

If "yes," please explain: _____

***Prospective employees who have been officially reinstated into Medicare and Medicaid programs by the OIG may be considered for employment upon proof of such reinstatement.**

Agreement:

I certify that all information given on this application is true, correct and complete to the best of my knowledge. I also certify that I have accounted for all of my work experience, and training on this application. I voluntarily give University General Hospital Systems or its designees the right to thoroughly investigate my work, educational, and background history. I voluntarily give my former educators and employers the right to release these records in their entirety. I will hold no person or organization liable for giving or receiving information in any investigation. If employed by University General Hospital Systems, I agree to abide by its rules and regulations. I understand that discovery of misrepresentation or omission of facts herein will make me ineligible for employment or be the cause for immediate dismissal. I authorize any inquiry to be made on any information contained in this application if I am considered for employment. I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying and I agree to such scheduling change as directed by my supervisor or past manager. I also understand that my employment may be subject to a successful completion of an employment physical to include a drug screen. I understand that my employment will require certain physical capabilities relating to ability to lift and transport patients and/or objects or to assist other employees in physical tasks. I further understand that my continued employment may be conditional upon maintaining a favorable health evaluation. If requested, I agree to submit, at any time, to a drug screen in accordance with Company policy and/or physical examination, performed by a qualified medical doctor of the Company's choice and for which such examination shall be paid by the Company. I also agree that all information concerning said physical examination can be supplied to the Company, or an authorized agent of the Company, upon their request. I further understand that this an application for employment and that no employment contract is being offered; and I understand that if employed, such employment is at-will for an indefinite period and can be terminated by either party with or without notice at any time and for any or no reason, and is subject to change in wages, conditions, benefits and operating policies. In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my character; general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I Agree I Do Not Agree Insert Date of Online Submission: _____