

Application for Employment

Urgent Care of York
309 S. Lincoln Ave
York, NE 68467

Position applied for: _____

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

E-Mail: _____

Are you legally eligible for employment in the United States? _____ Yes _____ No

Employment Preference _____ Full Time _____ Part Time _____ Temp Date Available: _____

Days/ Hours Available to work: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun

Do you have any relatives employed at our office: _____ Yes _____ No If Yes, Who? _____

Have you ever filed an application with us before? _____ Yes _____ No If yes, When? _____

May we contact your current employer? _____ Yes _____ No

Record of Employment (beginning with your most recent employers)

1. Name of Employer: _____ Address: _____

Phone #: _____ Position: _____ Dates From: _____ To _____

Reason for Leaving: _____ Supervisor Name: _____

Rate of Pay: _____ Starting _____ Ending Duties: _____

2. Name of Employer: _____ Address: _____

Phone #: _____ Position: _____ Dates From: _____ To _____

Reason for Leaving: _____ Supervisor Name: _____

Rate of Pay: _____ Starting _____ Ending Duties: _____

3. Name of Employer: _____ Address: _____

Phone #: _____ Position: _____ Dates From: _____ To _____

Reason for Leaving: _____ Supervisor Name: _____

Rate of Pay: _____ Starting _____ Ending Duties: _____

Education

High School Name: _____ Years Completed: _____ did you graduate: ____ Yes ____ No

College Name: _____ Major: _____ Years Completed: _____

Technical Skills

____ Word Processor ____ Adding Machine ____ Data Entry ____ Personal Computer ____ Credit Card Machine

Software Skills: _____

Special Credentialing, Certifications, Professional Licensing: _____

Additional Skills and Qualifications: _____

References

Work References:

Name: _____ Name: _____

Company: _____ Company: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Personal References:

Name: _____ Name: _____

Company: _____ Company: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Have you ever been convicted of a felony or misdemeanor, or presently have charges pending against you for a felony or misdemeanor? ____ Yes ____ No If yes, Please Explain: _____

Have you ever been convicted of any type of billing fraud including Medicare, or Medicaid? ____ Yes ____ No

Have you ever been included on the office of inspector general's database of suspended persons? ____ Yes ____ No

Have you read and understand the duties and responsibilities for this position? ____ Yes ____ No

Is there any reason why you could not perform all the described duties associated with this position? ____ Yes ____ No

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that, should this application contain any false or misleading information, my application may be rejected or my employment with is company terminated.

Signature

Date

