

Please complete all portions of the application. Incomplete applications will not be accepted. Please print clearly in ink or type.

Name _____
Last First Middle Initial

Social Security Number (last 4 digits) _____ Previous Last Name(s) _____

Home Phone (_____) _____ Cell Phone (_____) _____ Other (_____) _____

Street Address _____ City, State, Zip _____

E-mail Address _____ Are you at least 18 or older? Yes No

Position(s) Desired _____

Availability: (Please check all that apply)

- Full-time (≥ 35 hrs)
- Part-time (22.5-34 hrs)
- Part-time On-call (<22.5 hrs)
- Temporary

Date Available for Work _____

- Day Shift
- Evening Shift
- Night Shift
- Every Weekend
- Weekend Rotation
- No Weekends

Salary Expectation _____ Comments _____

Can you perform the essential functions of the position(s) for which you are applying? Yes No
If "no", please explain _____

Please indicate from what sources you learned of this position. Specific information is appreciated.

- I was a student at Salem Clinic
- Print Advertisement/Newspaper
- www.salemclinic.org
- School Website _____
- Other _____
- I am a former Salem Clinic employee
- CareerBuilder
- Other Website _____
- Current Employee _____ name

Please list previous Salem Clinic application date(s) and position(s) sought _____

Have you ever been employed by Salem Clinic? Yes No

If "yes", please note dates, position & supervisor _____

EDUCATION

Circle last year of formal education completed 6 7 8 9 10 11 12 College 1 2 3 4 Graduate 1 2 3 4

_____	_____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
High School	Years Attended		
_____	_____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	Years Attended		Degree, Major, or Subjects Studied
_____	_____	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	Years Attended		Degree, Major, or Subjects Studied

Other			

PROFESSIONAL REGISTRATION / LICENSURE

Type of Registration or Licensure	State	Number	Date of Expiration

If you do not have a required registration or license, have you applied for one? Yes No
 Is there a pending challenge to any licensure or registration that you have? Yes No

SKILLS & QUALIFICATIONS

- | | | |
|--|---|--|
| <input type="checkbox"/> Typing _____ wpm | <input type="checkbox"/> Coding (ICD-10, CPT) | <input type="checkbox"/> Computer |
| <input type="checkbox"/> 10-key (Touch) | <input type="checkbox"/> Switchboard/Phone | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Insurance Billing | <input type="checkbox"/> Collections |

Summarize your other skills/qualifications related to desired position(s) _____

List any languages (other than English) in which you can demonstrate proficiency _____

EMPLOYMENT HISTORY

Please fill out completely with most recently held position listed first. Do not omit unrelated work experience. You may attach additional copies of page 3 to document supplementary relevant work history. **Resumes are accepted, but are not a substitute for completion of this section.**

_____	_____	_____
Your Job Title	From (Month / Year)	To (Month / Year)
_____	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	_____ hrs/wk
Employer		
_____	_____	
Address	Wage	
_____	_____	_____
Supervisor's Name	Title	Phone Number

Duties / Responsibilities		

Reason for leaving or considering a change		

EMPLOYMENT HISTORY - CONTINUED

Your Job Title	From (Month / Year)	To (Month / Year)
Employer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	_____ hrs/wk
Address	Wage	
Supervisor's Name	Title	Phone Number
Duties / Responsibilities		
Reason for leaving or considering a change		

Your Job Title	From (Month / Year)	To (Month / Year)
Employer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	_____ hrs/wk
Address	Wage	
Supervisor's Name	Title	Phone Number
Duties / Responsibilities		
Reason for leaving or considering a change		

Your Job Title	From (Month / Year)	To (Month / Year)
Employer	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	_____ hrs/wk
Address	Wage	
Supervisor's Name	Title	Phone Number
Duties / Responsibilities		
Reason for leaving or considering a change		

REFERENCES

Please list name, relationship (supervisor, co-worker, teacher, etc.), and telephone number of three business/work references in addition to the supervisors listed on the previous pages.

Name	Relationship	Phone Number
Name	Relationship	Phone Number
Name	Relationship	Phone Number

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION

Salem Clinic is an equal opportunity employer. Salem Clinic complies with laws prohibiting discrimination in employment on the basis of race, color, national origin, sex, religion, association with a protected class, age, mental or physical disability, OFLA, marital status, family relationship or any other protected status. (____ initial here)

Interviews are given on a competitive basis, using job-related factors, after a written application has been received and reviewed. Because of the large number of applications received, not everyone who applies for a vacant position will be interviewed. (____ initial here)

I understand that, if selected, a pre-employment drug test is required. I am aware that the pre-employment screening must be completed within 24 hours after an offer of employment is made. (____ Initial here)

I understand that, if selected, I will be required to provide proof of my identity and my legal right to work in the United States prior to actual employment with the Salem Clinic, P.C. (____ Initial here)

In consideration of my employment, I agree to conform to the instructions, rules and policies of the Salem Clinic, P.C. as they currently exist or are subsequently modified. The Salem Clinic is an "at will" employer; therefore my employment and compensation can be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself. (____ Initial here)

I understand that no representative of Salem Clinic, P.C., other than the Director of Human Resources or Administrator, has any authority to enter into an employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms of conditions of employment, including my "at will" employment status, except as set forth in a written employment agreement signed by the Administrator. (____ Initial here)

I understand that if I am interested in another position with the Salem Clinic at a later time, I will submit a new application. (____ Initial here)

As part of my application to Salem Clinic, I hereby consent to and authorize the release of any and all information to Salem Clinic, whether personal or job related, in any form or manner requested, which may be considered in evaluating my qualifications for employment. I, therefore, release all parties and persons connected with any request for information from all claims, liability and/or damages for whatever reasons arising out of furnishing such information. (____ Initial here)

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that misrepresentation or material omission of this application will result in me being eliminated from further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission, which becomes known to the Salem Clinic, P.C., will result in immediate termination of my employment. I expressly waive any right I may have to review material or information received from a previous employer, professional reference, or educational institution under a promise of confidentiality. (____ Initial here)

I understand that all offers of employment are conditioned upon completion of a post-offer/pre-work confidential questionnaire regarding whether I have ever been terminated as a patient of Salem Clinic or whether I have ever been convicted of a crime. Salem Clinic reserves the right to deny employment if, in our view, the answers you provide on that questionnaire raise concerns that would make you unsuitable for employment. (____ Initial here)

Signature _____ Date _____
(unsigned applications will not be processed)

An Equal Opportunity Employer