

APPLICATION FOR EMPLOYMENT

for
Gastroenterology Associates, P.C.
1441 Wilkins Circle
Casper, WY 82601
(307)233-2700

Position applied for: _____ Agency (if applicable): _____

Social Security No: _____ *(Note: Your social security no. is optional. It may be required on other forms prior to employment but will not prohibit an employment consideration.)*

Name: _____ Home Phone: () _____
Last First Middle

Address: _____ Business Phone: () _____

_____ E-mail: _____
City State Zip

Are you legally eligible for employment in the United States? Yes No
 (Under the Immigration Reform and Control Act of 1986, you will be required to provide documentation to certify your eligibility and identity, should you be employed.)

Employment Preference: Full-time Part-time Temporary Other Date Available: _____

Days Available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Salary Desired: _____

Hours Available: Day Evening Night Rotating Weekends Specify Shift Hours: _____

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 May we contact your previous employer? Yes No

RECORD OF EMPLOYMENT (beginning with your most recent employer)

1. Name of Employer		Address		Telephone #	Your Position
Dates Employed		Rate of Pay		Reason for Leaving:	
From:	To:	Starting:	Ending:		
MM/YY MM/YY					
Your Duties:					

2. Name of Employer		Address		Telephone #	Your Position
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Dates Employed		Rate of Pay		Reason for Leaving:	
From:	To:	Starting:	Ending:	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
MM/YY MM/YY				<input type="text"/>	
Your Duties:					
<input type="text"/>					

3. Name of Employer		Address		Telephone #	Your Position
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Dates Employed		Rate of Pay		Reason for Leaving:	
From:	To:	Starting:	Ending:	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
MM/YY MM/YY				<input type="text"/>	
Your Duties:					
<input type="text"/>					

4. Name of Employer		Address		Telephone #	Your Position
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Dates Employed		Rate of Pay		Reason for Leaving:	
From:	To:	Starting:	Ending:	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
MM/YY MM/YY				<input type="text"/>	
Your Duties:					
<input type="text"/>					

EDUCATION					
Type	Name	Major	Last Year Completed	Did you Graduate?	Degree
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Studies			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

TECHNICAL SKILLS

Word Processor WPM Adding Machine Data Entry Personal Computer

Software Skills: _____

Special Credentialing, Certifications, or Professional Licensing:

Additional Skills and Qualifications:

WORK REFERENCES

Name:	Name:
Company:	Company:
Address:	Address:
Phone:	Phone:

PERSONAL REFERENCES

Name:	Name:
Address:	Address:
Phone:	Phone:

Have you 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

If yes, please explain: _____

I hereby certify that the information provided in this application along with its attachments are true and complete. I also agree and understand that any falsification of information herein, regardless of time of discovery may forfeit my employment with this practice. I understand that all information on this application is subject to verification and I consent to any criminal history background checks. I also authorize this practice to contact my references, educational institutions, or any other person or organization that may have information relevant to my employment. I further authorize the practice to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Applicant Signature: _____ Date: _____