

**EMPLOYMENT APPLICATION**

**YELM FAMILY MEDICINE, PLLC**

(PLEASE PRINT – ANSWER ALL QUESTIONS – DO NOT USE TERM: “REFER TO RESUME”)

Date of Application: \_\_\_\_\_ Date available for work: \_\_\_\_\_ Hours: \_\_\_\_\_ / \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Employment desired: -Full Time -Part Time -Temp. Will you work weekends/overtime? \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ How Long? \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

May we contact you at work? -Yes -No Best Time: \_\_\_\_\_

Please list other names (with dates) you have used that affect employment/reference verification:

\_\_\_\_\_

List any relatives working here: \_\_\_\_\_

Have you been employed here before? -Yes -No

If yes, when? \_\_\_\_\_ Position: \_\_\_\_\_

Are you legally eligible for employment in this country? \_\_\_\_\_  
(Proof of legal right to work in the United States will be required upon employment.)

Have you been convicted of a felony or released from jail in the last (7) years? -Yes -No If yes, explain on back of this form.

**SKILLS: In which of the following do you believe yourself to be trained or experienced?**

- Typing/Data Entry Electric Speed \_\_\_\_\_ wpm Keyboard Speed \_\_\_\_\_ wpm
- Accounting -Bookkeeping -Data Entry -10 key adding by touch
- Word Perfect -MS Word -Lotus -MS Excel
- Billing Software \_\_\_\_\_ -EMR \_\_\_\_\_ -other \_\_\_\_\_

Licenses possessed, state of issue and expiration date: \_\_\_\_\_

List machines you can operate: \_\_\_\_\_

**EDUCATION:**

	Name/City-State	Course of Study	Comp. Date	Degree
High School				
College/University				
Business Trade School				
Corresp./Night School				

EMPLOYMENT HISTORY: (Please list most recent first)

---

Present or most recent employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Work from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Hours per week \_\_\_\_\_ Wages \_\_\_\_\_  
Position title and duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_ May we contact for reference -Yes -No

---

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Work from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Hours per week \_\_\_\_\_ Wages \_\_\_\_\_  
Position title and duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_ May we contact for reference -Yes -No

---

Employer \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Work from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Hours per week \_\_\_\_\_ Wages \_\_\_\_\_  
Position title and duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Supervisor's name and title \_\_\_\_\_ May we contact for reference -Yes -No

---

*List additional employer information and explain any gaps in employment on a separate sheet of paper.*

---

SKILLS AND QUALIFICATIONS: (Summarize specific skills and qualifications acquired from employment or other experience that may qualify you for work with our organization.) \_\_\_\_\_

---

REFERENCES: (name, title, address, and phone number of two people you have know for 3 years, familiar with your performance.) \_\_\_\_\_

---

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application or separation for employment if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the organization has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references, driving record, including a background investigation or a credit check, perform pre-employment &/or random drug screening, and to secure additional information about me, if job related. I understand that I may receive, upon written request, additional information on information sought. I hereby release from liability the employer and its representative for seeking such information, and all other persons, corporations or organizations for furnishing such information. This application is current for ninety (90) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CRIMINAL HISTORY INFORMATION REQUEST**

Employees of Yelm Family Medicine, PLLC have a potential for unsupervised access to children, vulnerable elderly, sensitive medical records, and controlled substances. It is necessary for the safety of our patients and the protection of your prospective employer from liability that we seek information regarding the criminal history of any new employees.

Prospective applicants are requested to complete a Washington State Patrol request for criminal history information form at the time of application. **YOU DO NOT NEED TO COMPLETE THE LINE FOR DATE OF BIRTH, SEX, AND RACE AT THE TIME OF APPLICATION.** Please do, complete all other lines.

The Yelm Family Medicine application form does provide you the opportunity to acknowledge past legal difficulties and to explain the circumstances of those events.

Thank you for your cooperation.

I give the employer the right to investigate all references, driving record, including a background investigation or a credit check, perform pre-employment &/or random drug screening, and to secure additional information about me, if job related. I understand that I may receive, upon written request, additional information on information sought. I hereby release from liability the employer and its representative for seeking such information, and all other persons, corporations or organizations for furnishing such information. This application is current for ninety (90) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_