



APPLICATION FOR EMPLOYMENT

Position applied for: _____

Social Security #: ____-____-_____

Last Name: _____ First Name: _____ Middle _____ Phone: (____) - _____

Address: _____

City _____ State _____ Zip _____ E-Mail: _____

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.

Hours Available: Day Evening Night Rotating Weekends

Specify Shift Hours (if any): _____

Salary Desired: _____

Do you have any relatives employed at SFHC? Yes No If yes, whom? _____

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

May we contact your current employer? Yes No

May we contact your previous employer? Yes No If not, why? _____

RECORD OF EMPLOYMENT (Beginning with your most recent employer)

1.
Name of Employer: _____

Address: _____

Telephone: (____) - _____ Your Position: _____

Dates Employed (mm/dd/yyyy): From ____/____/____ To ____/____/____

Rate of Pay: Starting _____ Ending _____

Reason for Leaving: _____

Supervisor's Name and Title: _____

Your Duties: _____

Name of Employer: _____
 Address: _____
 Telephone: (____) - _____ Your Position: _____
 Dates Employed (mm/dd/yyyy): From ____/____/____ To ____/____/____
 Rate of Pay: Starting _____ Ending _____
 Reason for Leaving: _____
 Supervisor's Name and Title: _____
 Your Duties: _____

Name of Employer: _____
 Address: _____
 Telephone: (____) - _____ Your Position: _____
 Dates Employed (mm/dd/yyyy): From ____/____/____ To ____/____/____
 Rate of Pay: Starting _____ Ending _____
 Reason for Leaving: _____
 Supervisor's Name and Title: _____
 Your Duties: _____

EDUCATION

	Name	Major	Level Completed	Did you Graduate?	Degree
High School				<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				<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

Microsoft Office Applications

Access Proficiency - Expert Intermediate Beginner No Experience
 Word Proficiency - Expert Intermediate Beginner No Experience
 Excel Proficiency - Expert Intermediate Beginner No Experience
 Outlook Proficiency - Expert Intermediate Beginner No Experience

Do you have experience with any of the following: Dentrix Yes No
 Sage MAS 90 Yes No PDS Cortex Yes No McKesson's Practice Partner Yes No
 DataNet's MSPAP Yes No Other Applications you have experience in: _____

Special Credentialing, Certifications or Professional Licensing: _____
 Additional Skills or Qualifications: _____

WORK REFERENCES

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

PERSONAL REFERENCES

Name:	Name:
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 in the Office of the Inspector General's database of suspended persons? Yes No

Have you read and do you understand the duties and responsibilities of 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 result in the forfeit of my employment with this organization. I understand that all information in this application is subject to verification and I consent to any criminal history background checks. I also authorize this organization to contact my references, educational institutions, or any other person or organization that may have information relevant to my employment. I further authorize the organization 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: _____