



EMPLOYMENT APPLICATION

CONFIDENTIAL

TriValley Primary Care considers applicants for all positions without regard to race, color, religion, sex, veteran's status, national origin, age or disabilities or any other legally protected status, as outlined in federal and state employment laws.

Corporate Office
519 South 5th Street, Suite 130
Perkasie, PA 18944

Please Print the information below:

PERSONAL INFORMATION			
Last Name:	First Name:	M.I.:	Today's Date:
Street Address:	City:	State:	Zip:
Home Phone:	Other Phone:	Social Security Number:	
E-Mail Address:	Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever filed an application with TriValley Primary Care before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Have you ever worked under a different name? Please specify:		
Have you ever worked for TriValley Primary Care or its former practices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	How did you learn of this position?		
Do you have any relatives, other than a spouse, already employed by TriValley Primary Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name(s), relationship(s), position/office:			

EMPLOYMENT DESIRED	
Position in which you are interested, check all that apply:	
ADMINISTRATIVE POSITIONS	CLINICAL POSITIONS
<input type="checkbox"/> File Clerk <input type="checkbox"/> Receptionist <input type="checkbox"/> Referral Specialist <input type="checkbox"/> Billing/Charge Entry <input type="checkbox"/> Administrative Supervisor <input type="checkbox"/> Billing/Payment Processing <input type="checkbox"/> Billing/Patient Collections <input type="checkbox"/> Billing/Insurance Collections <input type="checkbox"/> Mail Clerk <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Patient Prep Aide <input type="checkbox"/> Certified Medical Assist. <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Nurse Supervisor <input type="checkbox"/> Other (specify):
Preferred Work Schedule: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Starting Salary Expected: \$ _____ /hour
If other than full-time, please indicate days available:	Date available To start: _____ / _____ / _____

EDUCATION

	Name & Location of School	Main Courses Taken	Highest grade completed, Diploma, Certificate, or Degree
High School			
College			
Vocational or Business School			
Nursing Education			
Lab, X-Ray, or other Training			

If you did not graduate or finish your degree, why did you leave school?

Are you planning to pursue additional education? Yes No
 If yes, please explain:

List honors, awards, activities, offices held, or other qualifications you have which you feel are related to the position for which you are applying. You may exclude those activities which may indicate your race, religion, color, sex, age, national origin, marital status, citizenship, veteran status, or disability.

Please list memberships in Professional Organizations:

PROFESSIONAL LICENSES/CERTIFICATIONS

Type	Organization or State Issuing	Expiration Date	License Number

Have you ever experienced a lapse in licensure or has your license ever been revoked? Yes No
 If yes, please explain:

ADDITIONAL SKILLS

- | | | | |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Adding Machine | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Software: _____ |
| <input type="checkbox"/> Shorthand | <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> EKG Setup | <input type="checkbox"/> Personal Computer |
| <input type="checkbox"/> Transcription | <input type="checkbox"/> Account Collections | <input type="checkbox"/> Injections | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> Other (please specify): | | | |

Please use the space below to describe your interest in the medical field and the skills and aptitudes that qualify you for a position with TriValley Primary Care. Please complete this section in your normal handwriting.

EMPLOYMENT RECORD

It is essential that this portion of the application be completed in full. You may attach a resume, but this section must be completed in your handwriting as well. Please list present or most recent employer first.

Employer's Name:	Supervisor's Name:	Employed From:
Address:	Contact Phone Number:	To:
Briefly describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	Start Pay: Final Pay:
Reason for leaving:		

Employer's Name:	Supervisor's Name:	Employed From:
Address:	Contact Phone Number:	To:
Briefly describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	Start Pay: Final Pay:
Reason for leaving:		

Employer's Name:	Supervisor's Name:	Employed From:
Address:	Contact Phone Number:	To:
Briefly describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	Start Pay: Final Pay:
Reason for leaving:		

Please list additional employers here:	Employed From:	Employed To:	Title:
Employer's Name:			

Please explain all periods of unemployment:

PERSONAL REFERENCES

Please list two personal references, other than relatives and former employer, who have known you for the past five years or more.

Name	Address & Phone Number	Title/Relationship

Have you ever been convicted of a felony or entered into pretrial diversion program in connection with a felony charge? If Yes, for what, where, and when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/> Have you ever been terminated for ...	Yes	No
<ul style="list-style-type: none"> ● Absenteeism, tardiness, failure to notify your company when absent, or other attendance related reasons? <input type="checkbox"/> ● Theft, unauthorized removal of company property, or related offense? <input type="checkbox"/> ● Fighting, assault, or related offense? <input type="checkbox"/> ● Being under the influence of alcohol or drugs or for the possession, use or abuse of alcohol or drugs? <input type="checkbox"/> ● Insubordination? <input type="checkbox"/> 		

<p>This section is for the hiring supervisor's use. Completion is optional.</p> <p>Screening Call/Interview: _____</p> <p style="margin-left: 20px;">_____ Salary Expectation _____ Schedule</p> <p style="margin-left: 20px;">_____ Availability Date</p> <p>On Site Interview: _____</p> <p>Participants: _____</p> <p>Other Notes: _____</p>	<p>I understand that:</p> <ul style="list-style-type: none"> • If employed, I agree to conform to the rules and regulations of TriValley Primary Care and acknowledge that these rules and regulations may be changed or withdrawn by TriValley Primary Care at any time. • I authorize TriValley Primary Care to investigate all information contained within this application, including past employment, education, licensure, credit history and activities, and agree to cooperate in such investigations. • I release from all liability and responsibility all persons, companies or corporations supplying such information to TriValley Primary Care regarding my employment, education, licensure, credit history and activities. • I release from all liability and responsibility TriValley Primary Care which might result from making such investigations as stated above. • I certify that the information in this application is true and complete. I understand that false statements or omissions of fact are sufficient grounds for rejection for employment or dismissal after employment. • My application with TriValley Primary Care is submitted with the understanding that nothing contained within this application or in the granting of an interview is intended to create a contract between myself and TriValley Primary Care for either employment or for the provision of any benefit. I acknowledge that any offer of employment may be withdrawn for any reason and without prior notice to me at TriValley's option. I understand that employment with TriValley Primary Care is considered at will, which means that employment may be terminated at any time by either myself or TriValley for any reason not expressly prohibited by law. Any written or oral statement to the contrary by a supervisor, corporate officer, or other agent of TriValley should not be relied upon by any prospective or existing employee. • I understand that my employment will begin on a provisional basis of at least 90 days, during which time I will not be eligible for most benefits. This provisional period will be used to assess my abilities to perform the essential functions of my position.
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My signature below indicates that I understand the contents of this application and have not withheld any information requested and that the statement I have made are true and correct . This application remains active for 30 days.

Signature of applicant Date

REFERENCE AUTHORIZATION	
I hereby authorize the addressed individual, company, or institution to furnish TriValley Primary Care with any information they may have concerning me which they have on record or otherwise, and do hereby release the addressed individual, company or institution and all individuals connected therewith, including TriValley Primary Care, from any liability for any damage whatsoever incurred in furnishing such information.	
_____	_____
Signature of applicant	Date