



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 <input type="checkbox"/> Administrative Support <input type="checkbox"/> Billing/Payment Processing <input type="checkbox"/> Referral Specialist <input type="checkbox"/> Billing/Patient/Insurance Collections <input type="checkbox"/> Administrative Supervisor <input type="checkbox"/> Billing <input type="checkbox"/> Medical Records <input type="checkbox"/> Other (specify):	CLINICAL POSITIONS <input type="checkbox"/> Certified Medical Assistant <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Clinical Supervisor <input type="checkbox"/> Other (specify):
Preferred Work Schedule: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time	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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

ADDITIONAL SKILLS			
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Calculator	<input type="checkbox"/> Phlebotomy	<input type="checkbox"/> Electronic Health Records
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> EKG Setup	<input type="checkbox"/> Personal Computer
<input type="checkbox"/> Navinet	<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

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