



APPLICATION FOR EMPLOYMENT

PLEASE RETURN TO:
 Bowers Family Medicine
 PO Box 606
 La Fayette, GA 30728

PLEASE PRINT ALL INFORMATION
 REQUESTED EXCEPT SIGNATURE

Demographic Information

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Length of time at your present address _____ Social Security No. _____ - _____ - _____

Telephone (____) _____ Are you a United States Citizen? _____

If under 18, please list your age _____

Position applied for : _____
 Salary desired : _____
 Days/hours available to work
 No Preference
 Mon Tue Wed Thurs Fri

Do you speak Spanish? _____

How many hours can you work weekly? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available to begin working? _____

Do you have or do you anticipate having any activities, commitments, or responsibilities that may prevent you from meeting your work attendance requirements? If yes, please explain _____

Educational History

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Are you attending school now? No Yes

Are you planning to attend school? No Yes

If yes, Name of School _____ Degree _____ Major _____

Expected graduation date _____

Skills

Do you have training in or experience with:

Phlebotomy Yes No

Medication Injections Yes No

Taking Vital Signs Yes No

Performing EKGs Yes No

Performing Lab Tests Yes No

Pediatrics Yes No

Insurance Billing (Medicare/Medicaid) Yes No

Medical Reception Yes No

ICD-9 and CPT Coding Yes No

Inventory/Invoicing Yes No

Patient Triage Yes No

For all yes answers above, please provide details regarding your level of expertise (attach a separate sheet, if necessary) _____

Other Skills (attach a separate sheet, if necessary) _____

Have you ever used an Electronic Medical Record or Electronic Medical Billing software Yes No

If yes, list the program(s) used _____

Please list any professional licenses, registrations, or certifications which you currently hold along with the appropriate state of issue, number, and date of expiration:

Are you currently certified in Basic Cardiac Life Support (CPR)? Yes (Please list date of issue: _____) No

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Character References

Please list two references other than relatives or previous employers.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

Military History

Have you ever been in the armed forces? Yes No

Are you now a member of the national guard? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

(Please indicate if you were previously employed under another name)

Current employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Your last job title	

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your Last Job Title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, and advancements or promotions while you worked at this company.

Agreement (Please read carefully before signing)

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Bowers Family Medicine creates an actual or implied contract of employment. I understand that, if I accept employment with Bowers Family Medicine it will be on an at-will basis. This means that either Bowers Family Medicine or I have the right to terminate the employment relationship at any time, for any reason, with or without cause.

I authorize Bowers Family Medicine to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Bowers Family Medicine and its employees from all liability arising from such investigation.

Signature of Applicant _____ **Date:** _____

Bowers Family Medicine is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Bowers Family Medicine depends solely on your qualifications.