

DinosaurLand Pediatrics
175 North 100 West
Vernal, Utah 84078
435-789-9060 Fax 435-789-7754

APPLICATION FOR EMPLOYMENT

Applicant Name (Please give complete name)	Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/>	Social Security No.	Home Phone
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Present Address (Include City, State, Zip Code)

Previous Address (If at present address less than 12 months)	Email Address
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Current Open Position(s) for which you are applying 1) _____ 2) _____ 3) _____	Type of Position <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Shift <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
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Salary Requirement	Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If overtime is required periodically, does this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Available for Work	Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever worked at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?	Are you related to another facility employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How did you learn about this position? State Employment Commission Agency Job Listing Current Employee Ad Other _____

Are you able to perform the essential, job related functions for the position for which you are applying with or without accommodations?
 Yes No
 Describe any accommodations necessary:

Have you ever been convicted of a crime and/or released from confinement following a conviction for any criminal offense
 Yes No Arrest or charges that have been expunged need not be disclosed.
 If yes, give date, place and nature of each conviction.

Are you currently excluded from participation in any federally funded healthcare program - including Medicare and Medicaid and are you aware of any potential exclusion from a federally funded health program? Yes No

Educational History

Type of School	Name of School City/State	Check Last Year Attended in School	Degree or Certificate
High School/GED		9 10 11 12 Graduated/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		1 2 3 4 Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		From (Year) _____ To (Year) _____	
Other		From (Year) _____ To (Year) _____	

List any professional licenses, registrations or certificates you possess (include Drivers License, if applicable) <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 15%;">Type</th> <th style="width: 15%;">State Issued</th> <th style="width: 15%;">Expiration Date</th> <th style="width: 15%;">Number</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Type	State Issued	Expiration Date	Number	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Clerical or other skills applicable to the position for which you are applying <input type="checkbox"/> Typing (_____ wpm) <input type="checkbox"/> Proficient in software: _____ <input type="checkbox"/> Business Machines and/or equipment you can operate: _____ <input type="checkbox"/> Other: _____
Type	State Issued	Expiration Date	Number														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														

Employment History Please provide a minimum of the most recent 10 years employment history including any period of unemployment. Attach additional pages if needed.

From(mm/yy) To(mm/yy)	Company	Phone Number ()	Immediate Supervisor
Salary \$	Address	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed
Job Title		Reason for Leaving	

Nature of Duties:

From(mm/yy) To(mm/yy)	Company	Phone Number ()	Immediate Supervisor
Salary \$	Address	May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name while employed
Job Title		Reason for Leaving	

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Job Title		Reason for Leaving	

Nature of Duties:

Professional References (Other than relatives) Give two references who have good knowledge of your work.

Name	Position	Address (Include City/State)	Phone - Work/Home	Yrs known
1.				
2.				

Please review and sign where indicated.

In making application for employment:

I certified that the information in this application is true and complete for all practical purposes. I may be verified by the facility or any affiliate. Should a position be offered and later is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.

I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.

I understand that the facility reserves the right to require its employees to submit to blood tests or urinalysis for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to urinalysis, blood test or search, when requested to do so, may result in termination of my employment.

Compliance with this facility's Substance Abuse Policy is a condition of employment. This clinic requires that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with clinic policy. Continued employment is also contingent upon compliance with the clinic's Alcohol and Drug Policy.

I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal health care program, or receive a government contract.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NOT DEFINITE TERM AND THE EITHER I OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.

Release:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

I have read and understand these conditions of employment.	Applicants Signature	Date
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Official Use Only:

Referred to _____ Hold for Future Opening Not Qualified References Checked
 Recommended Employment Date _____ By _____

