

HAND AND ARM THERAPY OF CENTRAL OREGON EMPLOYMENT APPLICATION

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

I. Personal Information

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Social Security Number or Driver's License Number: _____

Email Address: _____

Personality Questionnaire Results:

Total #A's _____ Total #B's _____ Total #C's _____ Total #D's _____

- If hired, can you provide proof that you are legally able to work in the United States?
Yes ___ No ___

- How did you learn about this position? _____

- Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment:*

Yes ___ No ___

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

- Have you ever been involuntarily terminated or asked to resign from any position of employment?

Yes ___ No ___

If yes, please describe circumstances:

II. Employment

- Position Desired: _____

- Salary Desired: _____

- What days and hours are you available for work?

- Are you available to work overtime if necessary?
Yes___ No___

- When are you available to begin work? _____

- Are you able to perform the essential functions of the job for which you are applying? *Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:* Yes___ No___

III. Skills

- Do you have experience with EHR/EMR software?
Yes___ No___
- If yes, which EMR software(s) do you have proficiency in?

List any office machines you can operate:

- Do you have experience requesting prior authorizations from insurance companies?
Yes___ No___

If yes, list a few insurance companies which you are confident in regarding their prior auth process.

- What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

IV. Education

▪ High School or Trade School

Name & City of School: _____

Number of Years Completed: _____ Did you graduate? Yes___ No___

Degree(s) or Diploma(s): _____ Major Field(s) of Study: _____

▪ College or University

Name & City of School: _____

Number of Years Completed: _____ Did you graduate? Yes___ No___

Degree(s) or Diploma(s): _____ Major Field(s) of Study: _____

V. Employment History

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

1. **Company Name:** _____ **Job Title:** _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____

Zip _____ Company Telephone Number: () _____

Starting Salary: _____ Ending Salary: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___ May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving:

2. **Company Name:** _____ **Job Title:** _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____

Zip _____ Company Telephone Number: (_____) _____

Starting Salary: _____ Ending Salary: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___ May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving:

3. **Company Name:** _____ **Job Title:** _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____

Zip _____ Company Telephone Number: (_____) _____

Starting Salary: _____ Ending Salary: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___ May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving:

4. **Company Name:** _____ **Job Title:** _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____

Zip _____ Company Telephone Number: (____) _____

Starting Salary: _____ Ending Salary: _____

Hours and Days Worked: _____

Supervisor: _____

Is this your current employer? Yes___ No___ May we contact this employer? Yes___ No___

Specific Job Duties:

Reason for Leaving:

VI. Professional References

Please list at least (3) persons NOT related to you.

- Name of Reference #1: _____
- Address: _____
- Telephone Number: (____) _____

- Name of Reference #2: _____
- Address: _____
- Telephone Number: (____) _____

- Name of Reference #3: _____
- Address: _____
- Telephone Number: (____) _____

APPLICANT'S STATEMENT

(Initial each numbered item as read)

1. _____ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Hand and Arm Therapy of Central Oregon or its agents.
2. _____ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Hand and Arm Therapy of Central Oregon, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release Hand and Arm Therapy of Central Oregon, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
3. _____ I understand that Hand and Arm Therapy of Central Oregon is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Hand and Arm Therapy of Central Oregon has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
4. _____ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
5. _____ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or Hand and Arm Therapy of Central Oregon. There will be no agreement, express or implied between Hand and Arm Therapy of Central Oregon and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of Hand and Arm Therapy of Central Oregon.
6. _____ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: _____

Applicant Signature: _____

Date: _____