



Valley Medical Center

EMPLOYMENT APPLICATION

**2781 Geryville Pike
P.O Box 216
Pennsburg, Pa 18073**

CONFIDENTIAL

Valley Medical Center 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.

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?		
Have you ever filed an application with Valley Medical Center before? If Yes, when?				Have you ever worked under a different name? Please Specify:		
Have you ever worked for Valley Medical Center? If Yes, When?				How did you learn of this position?		
Do you have any relatives already employed at Valley Medical Center? If yes, please list name(s), relationship(s), and position:						

EMPLOYMENT DESIRED	
Position in which you are interested; Check all that apply: <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Office Manager <input type="checkbox"/> Office Supervisor <input type="checkbox"/> Medical Assistant <input type="checkbox"/> Medical Receptionist <input type="checkbox"/> Medical Records <input type="checkbox"/> File Clerk <input type="checkbox"/> Other _____	Preferred Work Schedule: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
	If other than full time, please indicate days available:
	Starting Salary Expected: \$ /hour
	Date available to start: / /

EDUCATION			
	Name & Location of School	Primary Course Taken	Highest grade completed, diploma, certificate, or degree
High School			
College			
Vocational or Business School			
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, if you so choose.			
Please list memberships in Professional Organizations:			

PROFESSIONAL LICENSURES / CERTIFICATIONS			
Type	Organization / State Issuing	Expiration Date	License Number
Have you ever experienced a lapse in license or has you license ever been revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			

ADDITIONAL SKILLS			
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Adding Machine	<input type="checkbox"/> Phlebotomy	<input type="checkbox"/> Personal Computer
<input type="checkbox"/> Shorthand	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> EKG Setup	<input type="checkbox"/> Medical Terminology
<input type="checkbox"/> Transcription	<input type="checkbox"/> Account Collections	<input type="checkbox"/> Injections	<input type="checkbox"/> Software
<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 Valley Medical Center. Please complete this section in handwriting.			

EMPLOYMENT RECORD			
<i>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.</i>			
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:			
Employer's name:	Employed From?	Employed To?	Title:
Please explain all lapses in periods of employment:			

PERSONAL REFERENCES		
<i>Please list two personal references, other than relatives and former employers, who have known you for the past five years or more.</i>		
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? ☐ Yes ☐ No
If yes, for what, where and when?

Have you ever been terminated for....

- Absenteeism, tardiness, failure to notify your company when absent, or other attendance related reasons? ☐ Yes ☐ No
- Theft, unauthorized removal of company property, or related offense? ☐ Yes ☐ No
- Fighting, assault, or related offense? ☐ Yes ☐ No
- Being under the influence of alcohol or drugs or for the possession, use or abuse of alcohol or drugs? ☐ Yes ☐ No
- Insubordination? ☐ Yes ☐ No

This section is for the hiring supervisor's use. Completion is optional.

Screening call/ interview:

Salary Expectation:

Schedule:

Availability Date:

On site interview:

Participants:
Other Notes:

I understand that:

- I authorize Valley Medical Center 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 Valley Medical Center regarding my employment, education, licensure, credit history, and activities.
- I release Valley Medical Center from all liability and responsibility, 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 signature bellow 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 90 days.

Signature of Applicant:

Date:

REFERENCE AUTHORIZATION

I hereby authorize the addressed individual, company, or institution to furnish Valley Medical Center with any information they may have concerning me which they have on record or otherwise, they do hereby release the addressed individual, company or institution and all individuals connected therewith, including Valley Medical Center, from any liability for any damage whatsoever incurred in furnishing such information.

Signature of Applicant:

Date: