



SISKIYOU COMMUNITY HEALTH CENTER

1701 NW Hawthorne Ave., Suite 201
Grants Pass, Oregon 97526
Phone: 541.955.6053
Fax: 541.471.9242

**PROVIDER APPLICATION
FOR EMPLOYMENT**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Name: _____
Last First Middle
Address: _____
Street City State Zip Code
Phone: _____ Cell/Other Phone: _____
E-mail: _____
Position(s) applied for: _____ Date of application: ____/____/____

Referral Source (please check the appropriate category and name the source.)

Walk-in _____ School/Other _____
 Employee _____ Staff Agency _____
 Advertisement _____ Government Agency _____

Have you ever been employed here before?
 Yes No
If **yes**, give dates: From ____/____/____
To ____/____/____

Are you legally eligible for employment in this country?
 Yes No

Date available for work ____/____/____

What is your desired salary? \$ _____

Type of employment desired:
 Full Time Part Time Temporary

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?
 Yes No Need more information about the job's essential functions in order to respond.

Do you have a professional license? Yes No
If **yes**, please provide the type and number: _____

Do you have a DEA license? Yes No
If **yes**, please provide the number: _____

Do you have an NPI number? Yes No
If **yes**, please provide number: _____

Have you ever had any disciplinary action taken against your license? Yes No
If **yes**, please provide dates and details: _____

Are you Board Certified? Yes No
If **yes**, which Board: _____

OR
Are you Board Eligible? Yes No

Have you entered into an agreement (such as non-competition agreement) with any former employer or other party that might in any way, restrict your ability to work for our clinic?
 Yes No
If **yes**, please explain: _____

Explain on the back side of this form, any gaps in employment of more than one month.

EMPLOYMENT HISTORY

Starting with your most recent employer, please provide the following information.

| | |
|---|---|
| Employer _____ Phone # _____ | Month Year to Month Year Dates employed: ____/____/____ |
| Street Address _____ City _____ State _____ Zip _____ | Starting Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Bonus/Other Compensation \$ _____ |
| Job Title _____ | Final Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Bonus/Other Compensation \$ _____ |
| Immediate Supervisor title _____ (for last position held) May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | |
| Why did you leave? _____ | |

Summarize the type of work performed and job responsibilities:

| | |
|---|---|
| Employer _____ Phone # _____ | Month Year to Month Year Dates employed: ____/____/____ |
| Street Address _____ City _____ State _____ Zip _____ | Starting Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Bonus/Other Compensation \$ _____ |
| Job Title _____ | Final Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Bonus/Other Compensation \$ _____ |
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Summarize the type of work performed and job responsibilities:

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| Job Title _____ | Final Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Bonus/Other Compensation \$ _____ |
| Immediate Supervisor title _____ (for last position held) May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | |
| Why did you leave? _____ | |

Summarize the type of work performed and job responsibilities:

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

Organization

Offices Held

Please list three peer references and their contact information:

List special accomplishments, publications, awards, certifications, etc. _____

| EDUCATION | Name and Location of School | Month/Year to Month/Year | Degree Received | Subjects Studied /Major |
|-----------------------|------------------------------------|---------------------------------|------------------------|--------------------------------|
| College or University | | | | |
| Graduate School | | | | |
| Medical/Dental School | | | | |

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, and employees to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview.

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for providing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that Federal Immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date