

EMPLOYMENT APPLICATION

Please complete the entire application.

It is the policy of True North Physician Services, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

Employer Information

Employer: True North Physician Services, LLC
Address: 113 N Church St., Suite 417
City/State/Zip: Visalia, California 93291
Telephone: (559) 429-4476

1. Applicant Information

Position Applied for: _____

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *Zip Code*

Number of years at this address: _____

Daytime Phone: _____ Email: _____

Evening Phone _____ Mobile Phone: _____

Social Security No: _____

Driver's License

(State/Number): _____

2. Emergency Contact

Who should be contacted if you are involved in an emergency?

Name: _____
Last *First* *M.I.*

Address: _____
City *State* *Zip Code*

Relationship to you: _____

Daytime Phone: _____

Evening Phone: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Are you at least 18 years old? YES NO

If you are offered the employment, when would you be available to begin work?

Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation?

YES NO

What reasonable accommodations, if any, would you request?

2. Applicant Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each skill. (One represents poor ability, while five represents exceptional ability.)

Ability or skill	Years of experience	Rating (1-5)
Typing	_____	_____
Microsoft Office Suite (Word, Excel, etc.)	_____	_____
Customer Service	_____	_____
Medical Terminology	_____	_____
Electronic Medical Record Experience	_____	_____
	_____	_____
	_____	_____

3. Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Job Duties: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Job Duties: _____

From: _____ To: _____ Reason for Leaving: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Job Duties: _____

From: _____ To: _____ Reason for Leaving: _____

4. Education & Training

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College/University: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other (graduate, technical, vocational): _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Please indicate any current professional licenses or certification that you hold:

Awards, Honors, Special Achievements:

5. References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize True North Physician Services, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of True North Physician Services, LLC, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Signature: _____ Date: _____