

Cedar Valley Medical Specialists, PC

4150 Kimball Avenue / P.O. Box 2758
 Waterloo, IA 50704-2758
 319-235-5390

An Equal Opportunity Employer

Please Print Clearly

PERSONAL INFORMATION:

DATE: _____

Name: _____ Soc. Sec. No. ____/____/____
(Last) (First) (Middle)

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Have you ever been charged /arrested for a crime other than a minor traffic violation? _____ If yes, explain.

Positions Applied For (Check those applicable):

Full Time Part Time

- Clerical:**
- Accounts Receivable
 - Accounts Payable
 - Administration
 - Transcription
 - Secretary
 - Front Desk Specialist
 - File Clerk
 - Courier

- Clinical:**
- LPN
 - RN
 - X-Ray
 - Physician Assistant
 - OPA
 - Medical Technician

Check each item in which you have training: Typing wpm _____ Transcription wpm _____
 CPR/BLS (Last Date) _____ ACLS (Last Date) _____ Other _____
 Calculator Computer Programs _____

When would you be available to begin work? _____

Are you available to work: Overtime: Yes No Weekends: Yes No

Evenings: Yes No Shifts: Yes No

EDUCATION

Type of School	Name & Address of School	Enter Highest Grade Completed	Graduated Yes No		Type Diploma or Degree	Major & Minor Fields of Study

EMPLOYMENT HISTORY

List Employment and Business Experience (*include Volunteer, Intern, Summer or Prior U.S. Military*)

Current Employer _____	Phone No. _____
Address _____	Supervisor _____
Dates: From _____ To _____	Base Earnings: _____
Duties: _____	
Reason for Leaving: _____	
Past Employer _____	Phone No. _____
Address _____	Supervisor _____
Dates: From _____ To _____	Base Earnings: _____
Duties: _____	
Reason for Leaving: _____	
Past Employer _____	Phone No. _____
Address _____	Supervisor _____
Dates: From _____ To _____	Base Earnings: _____
Duties: _____	
Reason for Leaving: _____	
Past Employer _____	Phone No. _____
Address _____	Supervisor _____
Dates: From _____ To _____	Base Earnings: _____
Duties: _____	
Reason for Leaving: _____	

May we contact your present employer: Yes No

May we contact your past employer: Yes No

1. The information I have provided on this application is accurate to the best of my knowledge and subject to validation by Cedar Valley Medical Specialists, P.C.
2. Employment with Cedar Valley Medical Specialists, P.C. is for no stated period of time or duration and Cedar Valley Medical Specialists, P.C. or the employee may terminate the employment whenever either deems it best.
3. Cedar Valley Medical Specialists, P.C. is an "at will" employer, meaning that Cedar Valley Medical Specialists, P.C. reserves the right to end your employment at any time for any legal reason with or without notice or cause.
4. I understand that any false information, omissions or representations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.
5. I authorize the company and/or it's agents to verify any of this information including but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement agencies to release any information regarding my background.

Signature of Applicant

Date of Signature

Thank you for completing this application. You can be assured that our review of your job qualifications will be based solely on merit and a final determination reached as quickly as possible.

PLEASE CHECK TO SEE THAT YOU HAVE ANSWERED ALL THE ABOVE QUESTIONS.