Endoscopy Center of Arkansas

APPLICATION FOR EMPLOYMENT

General Instructions: Application must be typed or legibly printed in ink. Where requested, and when there is insufficient space to complete your response, attach additional sheets.

POSITION	Position applied for:			Shift Prefe	rence	Status Preferred: Full-time Part-time PRN			
INFORMATION	Who referred you to this Center?			I		Minimum Salary Requirement?			
APPLICATION HISTORY	Have you ever worked at this Center before? Yes No	V	Vhen?	Position?					
	Have you ever applied at this Center before? Yes No	V	When?	Please exp	olain:				
GENERAL INFORMATION	Last Name	First Name		Middle Initial	Socia	al Security No.			
	Residence Address	City	State	e Zip	Telep	ohone How Long?			
	Position applied for:	City	State	e Zip	Telep	ohone How Long?			
	Citizenship Status ☐ Legal Citizen ☐ Resident Alien ☐ Stud	dent Visa	If you are not a citizen, wh	nat is your visa #?	(What	t is your visa expiration date?			
	☐ Visitor Visa ☐ Other	Jene visu							
PROFESSIONAL	Type 1					Date 1			
REGISTRATION OR LICENSURE	2 3					n Date 2			
OR LICENSURE									
	Have you ever been in the U.S. armed forces?	Yes 🔲 No 🔲	From: To		Have bond	you ever been led? Yes □ No □			
	Have you ever been convicted of a felony? If yes, what was the felony? Yes No No								
	When? What was the outcome?								
	Have you ever been terminated from or asked to resign from a position? If yes, explain:								
	Person to be contacted in case of emergency: N	lame	Pho	one Number					
POSITION INFORMATION	Name and Address				Telephone ()				
	Name and Address				Telephone				
	Name and Address				() Telephone				
					()				
	Name and Address				Telephone ()				
	Name and Address				Telephone				
					()				
	Name and Address				Telephone				
					()				

POSITION INFORMATION

Name of Employer							
Street	City	State	Zip	Dates		_	
Position		Position(s) Held		From-	/	То-	/
Explain your duties, responsibilit	ies and number of people su	ipervised, if any.					
Why did you leave?							
Name of supervisor?		Phone # of Supervision ()		N	May we cont	tact?	
Name of Employer							
Street	City	State	Zip	Dates From-	/	То-	/
Position		Position(s) Held		I			
Explain your duties, responsibilit	ies and number of people su						
Why did you leave?							
Name of supervisor?		Phone # of Supervision			May we con	tact?	
Traine of supervisors		()		,	Yes	No 🗖	
Name of Employer							
Street	City	State	Zip	Dates From-	/	То-	/
Position		Position(s) Held		1110111		10	
Explain your duties, responsibilit	ies and number of people su	 Ipervised, if any.					
Why did you leave?							
		Phone # of Supervision		٨	May we cont Yes □	tact?	
				٨			
Name of supervisor?	City		Zip	Dates	Yes 🗖	No 🗖	
Name of supervisor? Name of Employer	City	()	Zip				/
Name of supervisor? Name of Employer Street Position	·	State Position(s) Held	Zip	Dates	Yes 🗖	No 🗖	/
Name of supervisor? Name of Employer Street	·	State Position(s) Held	Zip	Dates	Yes 🗖	No 🗖	1
Name of supervisor? Name of Employer Street Position Explain your duties, responsibilit	·	State Position(s) Held	Zip	Dates	Yes 🗖	No 🗖	/

EDUCATION	High School and/or G.E.D.:	Name and Location	Highest Grade Completed?	Grade Average?			
	Did you graduate? Yes	If yes, what was your major study?	If yes, what was your major study?				
	College:	Name and Location	Highest Grade Completed?	Grade Average?			
	Did you graduate? Yes □ No □	If yes, what was your degree and major?	If yes, what was your degree and major?				
	Trade or Business School:	Name and Location	How Long?	Grade Average?			
	Did you graduate? Yes □ No □	If yes, what was your major study?	•	Last year of study?			
	List other training you have had:			•			
	Extracurricular Activities, Offices held:						
	Academic honors or special recognition:						
	Current Memberships in Professional Organizat	tions:					
	Past Memberships in Professional Organizations:						
	Sports, Hobbies and other interests:						
CLERICAL	Have you had experience in the following?		Len	gth of Time?			
ONLY	Accounting		Yes No No				
	Billing and Collecting		Yes No No L				
	Medical Records		Yes No No				
	Managed care contracting		Yes No No				
	Computers Types:		Yes No No				
	Shorthand		Yes No No				
	Typing Average words p	er minute:	Yes No No				
	Dictation		Yes No No				
	Other		Yes No No				

SUMMARY OF QUALIFICATIONS

In this space you briefly summarize any addit considering your application for employment	
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I fully understand that any significant misstatements in for denial of employment or cause for dismissal from elapplication is true to my best knowledge and belief.	• • •
I hereby authorize an inquiry to be made on the inform individual contacted during this inquiry to give you an employment and any pertinent information they may l from all liability for any damage that may result from p	y and all information concerning my previous nave, personal or otherwise, and release all parties
If an employment agreement is established, I agree to Endoscopy Center of Arkansas and I understand that mwith or without notice, at ar	ny employment and compensation can be terminated,
Signature of Applicant	 Date