

Franklin Park Urgent Care Center

Employment Application

We are an equal opportunity employer, dedicated to the policy of non-discrimination in employment on any basis, including race, creed, color, age, sex, religion or national origin.

Name _____ SSN# _____
Last First MI

Present Address _____

Permanent Address _____

Phone _____ Email _____ Referred By _____

Position Applying For _____

Education (High School, College, Trade or Business Schools)

School	Location	Dates Attended	Degree/Certificate

Certificates Held _____

Professional Organization Membership _____

Have you, within the last seven (7) years, been convicted of an offense involving narcotic drugs or theft? (circle one) YES NO

If yes, please explain _____

Do you have any physical limitations that would prevent you from performing work involving; continual walking, standing or occasional lifting? (circle one) YES NO

If yes, please explain _____

Minimum Acceptable Hourly Wage _____

Are you able to work 12 hour shifts? (circle one) YES NO

Are you able to work Saturdays and Sundays? (circle one) YES NO

Are you able to work holidays? (circle one) YES NO

Do you smoke? (circle one) YES NO

Do you have reliable transportation? (circle one) YES NO

Do you need medical/dental benefits? (circle one) YES NO

Number of hours desired in average work week? _____

Date available to start work? _____

Work Experience

List most recent employer first

From/To Date	Business	Contact Name	Salary	Position	Ok to Call?

References

List references

Name	Address	Phone	Business	Years Known

Skills

Mark "T" if you have training in the skill. Mark "E" if you have experience in the skill. Mark "B" if you have both training and experience in the skill.

Business Skills

Patient Care

___ Telephone ___ # Lines

___ Blood Draws

___ Typing ___ W.P.M.

___ Vital Signs

___ 10 Key ___ by Touch?

___ Patient History

___ Insurance Billing

___ Lab Skills

___ Medicare/Medicaid

___ EKG

___ Billing ___ Computer ___ Other

___ Telephone Triage

___ Collections

___ X-Ray

___ CPT & ICD-9-CM Coding

___ Injections

___ Computers

___ Insert IV

___ Medical Manager Software

___ Urinalysis

___ Filing

___ Assist in Exams

Activities

Please list activities/hobbies

In Case of Emergency Notify: _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts asked for is cause for dismissal. I understand that a drug screening may be administered as a prerequisite to being hired and I agree to such a screening. Further, I understand and agree that if I am hired, my employment is for no definite period and may be terminated at any time without any previous notice regardless of the payment date of my wages.

Date _____ Signature _____