

ATASCOSA HEALTH CENTER, INC.

Employment Application



| APPLICANT INFORMATION | | | |
|--|------------------------------|-----------------------------|---|
| Last Name: | First | M.I. | Date |
| Street Address: | | Mailing Address: | |
| City: | State: | ZIP: | |
| Phone: | E-mail Address: | | |
| Position Applied for: | City: | Desired Salary: \$ | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for this company? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? |
| Are you related by blood or marriage to any AHC Board of Directors member? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who? | | | |
| Are you related by blood or marriage to any AHC employee? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, who? | | | |
| <p>Have you ever been convicted, pled guilty, or sentenced to Deferred Adjudication for any felony or misdemeanor offense other than minor moving traffic violations? The scope of this inquiry includes but is not limited to crimes of theft, rape, sexual assault, assault, murder, swindling, indecency with a minor, possession of or sale of marijuana or any category of illegal drugs? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, explain:</p> <p><i>Note: a conviction will not necessarily disqualify you from employment, each conviction will be judged on its own merits with respect to time, circumstance, seriousness and relevancy of offense to position(s) for which you are applying.</i></p> | | | |

| EDUCATION | | | | | |
|-------------|----|------------------------|------------------------------|-----------------------------|--------|
| High School | | Address: City/State | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| Tech School | | Address: City/State | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |
| College: | | Address: City/State | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |

| LICENSE/CERTIFICATION | | |
|--|------------------------------|--------------------------|
| Please list any/all licenses or certificates | | |
| License/Certification: | License Number: | |
| Date Issued: ____/____/____ | Date Expires: ____/____/____ | Issuing Authority/Board: |
| License/Certification: | License Number: | |
| Date Issued: ____/____/____ | Date Expires: ____/____/____ | Issuing Authority/Board: |
| Has your license to practice in any jurisdiction ever been limited, suspended, revoked or probated? <input type="checkbox"/> yes <input type="checkbox"/> no | | |
| If yes, explanation: | | |

| | |
|---|---|
| Do you speak a language other than English? <input type="checkbox"/> yes <input type="checkbox"/> no | How fluently? <input type="checkbox"/> fair <input type="checkbox"/> average <input type="checkbox"/> excellent |
| If yes, what language(s) do you speak? _____ | |
| Do you write in a language other than English? <input type="checkbox"/> yes <input type="checkbox"/> no | How well? <input type="checkbox"/> fair <input type="checkbox"/> average <input type="checkbox"/> excellent |
| If yes, which language(s)? _____ | |

Previous Employment:

This information will be the official record of your employment history and must accurately reflect all significant duties performed.

1. Include all employment; begin with your current/last position and work back to your first or ten years. (Use back if needed)

2. Employer addresses must be complete mailing address including zip codes and phone numbers.

| | | | |
|---|--------------------|-----------|--|
| Company | Dates Employed | | Summarize the nature of the work performed and job responsibilities. |
| Phone: | From (M/YR) | To (M/YR) | |
| Address: | | | |
| | Hourly Rate/Salary | | |
| Job Title: | Start | Per | |
| Immediate Supervisor and Title: | | | |
| | Hourly Rate/Salary | | |
| Reason for leaving: | Final | Per | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| | | | |
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| Phone: | From (M/YR) | To (M/YR) | |
| Address: | | | |
| | Hourly Rate/Salary | | |
| Job Title: | Start | Per | |
| Immediate Supervisor and Title: | | | |
| | Hourly Rate/Salary | | |
| Reason for leaving: | Final | Per | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| | | | |
| Company | Dates Employed | | Summarize the nature of the work performed and job responsibilities. |
| Phone: | From (M/YR) | To (M/YR) | |
| Address: | | | |
| | Hourly Rate/Salary | | |
| Job Title: | Start | Per | |
| Immediate Supervisor and Title: | | | |
| | Hourly Rate/Salary | | |
| Reason for leaving: | Final | Per | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| | | | |
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| Job Title: | Start | Per | |
| Immediate Supervisor and Title: | | | |
| | Hourly Rate/Salary | | |
| Reason for leaving: | Final | Per | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| | | | |
| Company | Dates employed | | Summarize the nature of the work performed and job responsibilities. |
| Phone: | From (M/YR) | To (M/YR) | |
| Address: | | | |
| | Hourly Rate/Salary | | |
| Job Title: | Start | Per | |
| Immediate Supervisor and Title: | | | |
| | Hourly Rate/Salary | | |
| Reason for leaving: | Final | Per | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

WORK References

List name and telephone number of **three business/work references** who are not related to you and are not previous supervisors: If not applicable, list three school references who are not related to you.

| Name | Telephone | Years Known |
|------|-----------|-------------|
| | | |
| | | |
| | | |

SKILLS INVENTORY / CHECKLIST

Place an "X" in the appropriate/applicable column

| GENERAL OFFICE EXPERIENCE | N/A | COMPETENT | NEED REFRESHER | NEED INSTRUCTION |
|---|------------|------------------|-----------------------|-------------------------|
| Secretarial Experience | | | | |
| Receptionist | | | | |
| Mail Distribution | | | | |
| Telephone | | | | |
| Fax Machine | | | | |
| Copier | | | | |
| MS Word/Office | | | | |
| Composing Correspondence | | | | |
| Filing | | | | |
| Electronic spreadsheet (Excel) | | | | |
| Payroll | | | | |
| Bookkeeping | | | | |
| Purchasing | | | | |
| Accounts Payable/Receivable | | | | |
| Writing - Informational Materials | | | | |
| Writing - Technical / Editing | | | | |
| | | | | |
| | | | | |
| CLINICAL EXPERIENCE | | | | |
| Taking Vitals | | | | |
| • Manual Blood Pressure | | | | |
| • Temperature | | | | |
| • Pulse | | | | |
| • Respirations | | | | |
| Administering Injections/ Immunizations | | | | |
| EKG (12 Lead) | | | | |
| Medication Terminology | | | | |
| Pharmacology | | | | |
| Insurance Verification | | | | |
| Referrals | | | | |
| Electronic Health Records (EHR) | | | | |
| Patient Education | | | | |
| Phlebotomy | | | | |
| Medical Billing Coding | | | | |
| | | | | |
| | | | | |
| | | | | |
| DENTAL EXPERIENCE | | | | |
| Four Handed Dentistry | | | | |
| Instrument Transfer | | | | |
| Prepare Patients for Treatment - (seating, positioning, napkin) | | | | |
| Apply topical fluoride | | | | |
| Process Dental Radiographs | | | | |
| Sterilization and Disinfection Procedures | | | | |
| Extractions | | | | |
| Pour and Trim Diagnostic Casts | | | | |
| Autoclave and Dri-Clave Procedures | | | | |
| Provide pre and post operative instructions | | | | |
| Treatment Plans | | | | |
| | | | | |
| | | | | |
| | | | | |
| COMPLIANCE EXPERIENCE | | | | |
| HIPAA | | | | |
| JOINT COMMISSION | | | | |
| DSHS | | | | |

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you to work with our company.

| | |
|----------------------------------|--------------------|
| Military Service | |
| Branch: | From: To: |
| Rank at Discharge: | Type of Discharge: |
| If other than honorable, explain | |

| | |
|--|-------|
| Disclaimer and Signature | |
| <p>The filing of this application and our acceptance thereof do not in any way obligate the Atascosa Health Center, Inc. (AHC).</p> <p>The information you provide herein will be regarded confidential and is, together with all attachments the property of AHC. If you are employed, this data will become a part of your personnel record. Solicited applications and resumes are kept for a period of 3 months and then discarded according to policy.</p> <p style="text-align: center;">* * * * *</p> <p>I certify that the statements made by my in this application and/or on the attachments are true, complete and correct to the best of my knowledge and are made in good faith.</p> <p>I understand that any omission of facts or false statements made herein will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.</p> <p>I further agree that any offer of employment tendered me is contingent upon my agreement to abide by the AHC personnel policies set by the AHC Board of Directors.</p> <p>I hereby authorize the Atascosa Health Center, Inc. to conduct employment history, police record inquiries and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons; corporations or organizations for furnishing such information.</p> <p>The Employer prohibits the use of illegal drugs, the illegal use of prescription drugs, and alcohol in the workplace. All applicants extended a conditional job offer will be asked to submit to testing for the current use of illegal drugs, the illegal use of prescription drugs, and alcohol as defined by the Employer's Substance Abuse policy. Any applicant who declines to consent or be tested, or who produces a positive test result for illegal use of drugs, the illegal use of prescription drugs, or alcohol may not be considered for further employment.</p> <p>I agree to immediately notify the company if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony or any crime while my application is pending or during my period of employment, if hired, that would bring a negative impact on the Employer and/or it's patients.</p> <p>The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.</p> <p>I further understand that Atascosa Health Center, Inc. is an "At Will Employer" and that my employment will be At-Will for an indefinite period of time. I further understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make assurances to the contrary.</p> <p>I understand that the first 90 days (3 months) of employment are introductory and it is also understood that if during this initial 90 day period, the employer should be dissatisfied with my work; my employment may be terminated with or without written notice.</p> <p>I understand that my employment is contingent upon the availability of funds.</p> | |
| Signature: | Date: |