



Lowcountry
Medical Associates

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Application Date _____

Note: If you need assistance in completing this application please let the Administrator know at this time.

Name (Last/First/MI) _____ SS Number ____/____/____

Street Address _____

City/State/Zip _____

Phone-Home _____ Phone-Work _____

WORK DESIRED:

Position desired _____ Salary/Wage desired _____

Date available for work _____

Are you applying for: Full Time Part Time Temporary

List days and hours preferred _____

Are there any days or hours you will not be able to work?

Please specify: _____

Are you willing to work overtime as requested? Yes No

Would you accept another position? Yes No

PERSONAL:

Are you at least 17 years old? Yes No

Please list any other name by which you have been known to verify education and work records:

Have you ever been employed by this organization? Yes No

If yes, position _____, from _____ to _____

Indicate applicable work skills:

Typing ____ WPM Keypunch ____ WPM

Word Processor _____ (type) Computers _____ (type)

Software Programs _____ (type)

Transcription Yes No

How were you referred to this organization? _____

Do you have relatives working for this organization? ___ Yes ___ No

If yes, name _____, relationship _____

Are you a US Citizen? ___ Yes ___ No

Can you produce identification such as a US passport, drivers license, or photographic identification card issued by the state?
___ Yes ___ No

Can you submit a birth certificate, social security card, certificate of US citizenship, or verification of your legal right to work? ___ Yes ___ No

Proof of identity and employment eligibility will be required within three days of hire.

Can you perform the essential functions of the job as defined in the job description with or without reasonable accommodations? ___ Yes ___ No

Have you ever been convicted of a crime, plead guilty, plead *nolo contendere* (no contest), *alford plea*, or any other similar plea other than a minor traffic violation? ___ Yes ___ No

If yes, please explain: _____

(Note: Conviction will not necessarily disqualify you from employment)

Military Service? ___ Yes ___ No If yes, from ___ to ___ Branch of Service _____

Highest Rank Obtained _____

Indicate any special job related training: _____

Have you ever been counseled or disciplined for being late or absent from work? ___ Yes ___ No

Have you ever been dismissed or forced to resign from any employment? ___ Yes ___ No

If yes, Please explain: _____

Have you ever been involved in any investigation or inquiry that involved improper submission of claims, charges or billing for healthcare services? ___ Yes ___ No

If so, please describe in detail the nature of your involvement, (i.e. the subject of an investigation, a witness, etc.)

Have you ever been excluded, debarred, suspended or otherwise made ineligible to participate in any Federally funded program, including Medicare or Medicaid, and/or been listed on the Department of Health and Human Services Office of the Inspector General's List of Excluded Persons/Entities or been listed on the General Services Administration List of Parties Excluded from the Federal Procurement and Non-Procurement Programs? ___ Yes ___ No

EDUCATIONAL RECORD:

School Name, City & State	Major Field	Degree Earned
High School _____		
College or University _____		
Graduate School _____		
Technical, Business, Other School _____		
Other skills or training _____		
Describe any special training or courses you have had relating to the position or type of work you are seeking		

PROFESSIONAL LICENSES/CERTIFICATIONS:

Type	State	Exp. Date	Registration No.

EMPLOYMENT RECORD: Chronologically list employment and unemployment for the past ten years, beginning with your most recent employment. If additional space is needed, attach a supplemental sheet. Attach resume only to supplement information. Please circle the name of any employer or supervisor whom you do not want contacted at this time.

Employer	
Address (Street, City, State & Zip)	Phone
Starting Position	Starting Salary
Last Position	Final Salary
From	To
Dates Employed	Immediate Supervisor
Duties	
Reason for Leaving	

Employer	
Address (Street, City, State & Zip)	Phone
Starting Position	Starting Salary
Last Position	Final Salary
From	To
Dates Employed	Immediate Supervisor
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Address (Street, City, State & Zip)	Phone
Starting Position	Starting Salary
Last Position	Final Salary
From	To
Dates Employed	Immediate Supervisor
Duties	
Reason for Leaving	

**APPLICANT CERTIFICATION
READ CAREFULLY BEFORE SIGNING**

I certify that the information I have provided on this employment application is true and complete. I understand and agree that employment with this company, if offered, may be immediately discontinued if misrepresentation, falsified statements, or material omissions are found to have been made. I authorize schools, former employers, and former supervisors to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so. I further understand that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope of the investigation will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information. I also understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and also upon my providing proof of identity and employment eligibility and completing a Form I-9. I also understand that, if employed, the company or I may terminate the employment relationship at any time, with or without cause, with or without notice, and that, if employed, employment does not constitute a contract of employment between myself and the company. I will abide by and conform to all company policies, rules and procedures as may be in effect from time to time. I have read the above, understand its content and meaning, and agree to all of its provisions.

I understand that, upon my request, I will be provided a copy of my signed employment application.

SIGN HERE _____ **DATE** _____