

Application for Employment



This company is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (do not just indicate "See Resume.") Applications with missing or invalid information will not be considered for any position.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:	City, State & Zip:		
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, explain in detail.	
Have you ever been employed by WCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:	
Are you currently licensed in the state of Louisiana?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State, license #, and expiration date:	
How did you learn about this employment opportunity at WCA? Check all that apply:			
<input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) <input type="checkbox"/> Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:			
Have you ever been restricted from participating with or billing any government entities? (ie: Medicaid/Medicare)			
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain in detail:			

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation “See Resume.”

PLEASE NOTE: MedCentris reserves the right to contact all current and former employers for reference information.

Dates Employed From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Organization Name and Address:
Starting Salary/Hourly Rate:	Title & Primary duties:	
Final Salary/Hourly Rate:		
Supervisor’s Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate <input type="checkbox"/> Do not contact	Reason for Leaving:
Dates Employed From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Organization Name and Address:
Salary/Hourly Rate:	Title & Primary duties:	
Final Salary/Hourly Rate:		
Supervisor’s Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate <input type="checkbox"/> Do not contact	Reason for Leaving:

Dates Employed From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Organization Name and Address:
Starting Salary/Hourly Rate:	Title & Primary duties:	
Final Salary/Hourly Rate:		
Supervisor's Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate <input type="checkbox"/> Do not contact	Reason for Leaving:

Date Available for Work: ____/____/20____

Type of Employment Desired: FT ____ PT ____ Temp ____ Educational ____

Salary Requirements: \$_____

References

Name	Address/Telephone Number	Years Known/What Capacity Known?
------	--------------------------	----------------------------------

1.

2.

3.

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

This application consists of 4 pages.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize MedCentris to investigate, without liability, all statements contained in this application and supporting materials. I authorize references, former employers and educational institutions, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of MedCentris serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal. This application is only good for 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I represent and warrant that I have read and fully understand the forgoing and seek employment under these conditions.

Applicant Signature: _____

Date: _____

Revised January 2016