



## APPLICATION FOR EMPLOYMENT

Position applied for: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle \_\_\_\_\_ Phone: (\_\_\_\_) - \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

*(Under the Immigration Reform and Control Act of 1986, you will be required to provide documentation to certify your eligibility and identity, should you be employed.)*

Employment Preference:  Full-Time  Part-Time  Temporary  Other

Date Available: \_\_\_\_\_

Days Available:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun.

Hours Available:  Day  Evening  Night  Rotating  Weekends

Specify Shift Hours (if any): \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Do you have any relatives employed at SFHC?  Yes  No If yes, whom? \_\_\_\_\_

Have you ever filed an application with us?  Yes  No If yes, when? \_\_\_\_\_

May we contact your current employer?  Yes  No

May we contact your previous employer?  Yes  No If not, why? \_\_\_\_\_

### RECORD OF EMPLOYMENT (Beginning with your most recent employer)

1.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (\_\_\_\_) - \_\_\_\_\_ Your Position: \_\_\_\_\_

Dates Employed (mm/dd/yyyy): From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Rate of Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_) - \_\_\_\_\_ Your Position: \_\_\_\_\_  
 Dates Employed (mm/dd/yyyy): From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
 Rate of Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Your Duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: (\_\_\_\_) - \_\_\_\_\_ Your Position: \_\_\_\_\_  
 Dates Employed (mm/dd/yyyy): From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
 Rate of Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Your Duties: \_\_\_\_\_

### EDUCATION

	Name	Major	Level Completed	Did you Graduate?	Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### TECHNICAL SKILLS

#### Microsoft Office Applications

Word Proficiency - Expert Intermediate Beginner  No Experience  
 Excel Proficiency - Expert Intermediate Beginner  No Experience  
 Outlook Proficiency - Expert Intermediate Beginner  No Experience  
 PowerPoint Proficiency - Expert Intermediate Beginner  No Experience

Do you have experience with any of the following?

AthenaHealth  Yes  No      Dentrix  Yes  No      PioneerRX  Yes  No

Other Applications you have experience in: \_\_\_\_\_

Special Credentialing, Certifications or Professional Licensing: \_\_\_\_\_

Additional Skills or Qualifications: \_\_\_\_\_  
\_\_\_\_\_

### WORK REFERENCES

Name:	Name:
Company:	Company:
Address:	Address:
Phone:	Phone:

Have you read and do you understand the duties and responsibilities of this position?  Yes  No

Is there any reason why you could not perform all the described duties associated with this position?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Were you referred by a current SFHC employee?  Yes  No

If so, who? \_\_\_\_\_

*I hereby certify that the information provided in this application along with its attachments, are true and complete. I also agree and understand that any falsification of information herein, regardless of time of discovery, may result in the forfeit of my employment with this organization. I understand that all information in this application is subject to verification and I consent to any criminal history background checks. I also authorize this organization to contact my references, educational institutions, or any other person or organization that may have information relevant to my employment. I further authorize the organization to rely upon and use as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_