



# APPLICATION FOR EMPLOYMENT

2280 American Legion Blvd., Mountain Home, ID 83647 - Ph: 208-587-3988 – email: adminsec@gfhcid.org

**MUST BE COMPLETED IN FULL TO BE CONSIDERED**

**PLEASE PRINT**

Name: \_\_\_\_\_  
*Last First Middle*

Today's Date: \_\_\_\_\_ Date Avail. to Work: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street/PO Box City State Zip*

Professional License #: \_\_\_\_\_ Expiration: \_\_\_\_\_ State(s): \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Cell / Message Daytime Home*

How did you learn about this open position?  Newspaper  Walk In  Internet  Other \_\_\_\_\_

DSHC Employee – Name (for employee referral program): \_\_\_\_\_

Do you have any relatives employed here?  Yes  No Name/Relationship: \_\_\_\_\_

Have you been employed here previously?  Yes  No Dates (if yes): From: \_\_\_\_\_ To: \_\_\_\_\_

Are you under age 18?  Yes  No If yes, can you furnish a work permit?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

Type of employment desired:  Full Time  Part Time  Temporary

If required, are you willing to work:  Weekends  Overtime

Check Site Preference:  Mountain Home  Glenns Ferry  Grand View

Have you ever been convicted of a criminal offense?  Yes  No (If the answer is yes, you must explain on a separate sheet of paper and attach it to this application. Do not include any convictions that were sealed, eradicated, expunged or any convictions that resulted in a referral to a diversion program. A conviction record will not necessarily disqualify you from employment).

Have you ever in any way been excluded or otherwise ineligible for participation in federal health care programs?

Yes  No (A "yes" answer to this question will not necessarily bar the application from employment. If "yes", please explain in detail on a separate sheet of paper).

## EDUCATION:

School	Did you Graduate	Name of School	Location	Course of Study	Diploma/ Degree
<i>High School</i>					
<i>College/ University</i>					
<i>Graduate School</i>					
<i>Other</i>					

**If you have indicated on your application that you have a degree, we will require proof should you become employed by Desert Sage Health Centers.**

### LANGUAGE SKILLS: List any foreign language(s) and check skill level

Language: _____	<input type="checkbox"/>	Read/Write/Speak	<input type="checkbox"/>	Read/Write	<input type="checkbox"/>	Read/Speak	<input type="checkbox"/>	Read	<input type="checkbox"/>	Speak
Language: _____	<input type="checkbox"/>	Read/Write/Speak	<input type="checkbox"/>	Read/Write	<input type="checkbox"/>	Read/Speak	<input type="checkbox"/>	Read	<input type="checkbox"/>	Speak

## EMPLOYMENT HISTORY

**List most recent employer first. Include at least 10 years and account for any time gaps in your employment history, including any military service. (Attach additional sheet or resume if desired.) Please complete this section even if you are attaching a resume. “See Resume” is not sufficient.**

Name of Employer: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
*Street/PO Box*
*City*
*State*
*Zip*

Job Title: \_\_\_\_\_ Date employed (mo/yr): From: \_\_\_\_\_ To: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ hour \_\_\_\_\_ month      Ending Salary: \_\_\_\_\_ hour \_\_\_\_\_ month

Supervisor: \_\_\_\_\_ May we contact your employer for a reference?:  Yes  No  Later

Job Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Your reason for leaving: \_\_\_\_\_

*If you were unemployed at this time, list dates:      From: \_\_\_\_\_      To: \_\_\_\_\_*

*Reason unemployed: \_\_\_\_\_*

**Name of Employer:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street/PO Box* *City* *State* *Zip*

**Job Title:** \_\_\_\_\_ **Date employed (mo/yr):** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Starting Salary:** \_\_\_\_\_ hour \_\_\_\_\_ month **Ending Salary:** \_\_\_\_\_ hour \_\_\_\_\_ month

**Supervisor:** \_\_\_\_\_ **May we contact your employer for a reference?:**  Yes  No  Later

**Job Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your reason for leaving:** \_\_\_\_\_

**If you were unemployed at this time, list dates:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason unemployed:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Phone:** (    ) \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street/PO Box* *City* *State* *Zip*

**Job Title:** \_\_\_\_\_ **Date employed (mo/yr):** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Starting Salary:** \_\_\_\_\_ hour \_\_\_\_\_ month **Ending Salary:** \_\_\_\_\_ hour \_\_\_\_\_ month

**Supervisor:** \_\_\_\_\_ **May we contact your employer for a reference?:**  Yes  No  Later

**Job Duties:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your reason for leaving:** \_\_\_\_\_

**If you were unemployed at this time, list dates:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason unemployed:** \_\_\_\_\_

**Name of Employer:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_  
*Street/PO Box City State Zip*

**Job Title:** \_\_\_\_\_ **Date employed (mo/yr): From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Starting Salary:** \_\_\_\_\_ hour \_\_\_\_\_ month **Ending Salary:** \_\_\_\_\_ hour \_\_\_\_\_ month

**Supervisor:** \_\_\_\_\_ **May we contact your employer for a reference?:**  Yes  No  Later

**Job Duties:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Your reason for leaving:** \_\_\_\_\_

**If you were unemployed at this time, list dates:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Reason unemployed:** \_\_\_\_\_

**REFERENCES**

**List name and telephone number of three business/work/professional references that are NOT related to you.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **or** (\_\_\_\_) \_\_\_\_\_

**How do you know this person?:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **or** (\_\_\_\_) \_\_\_\_\_

**How do you know this person?:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **or** (\_\_\_\_) \_\_\_\_\_

**How do you know this person?:** \_\_\_\_\_

## SKILLS OR SPECIAL TRAINING

**Check all skills, training or experience boxes that apply to you:**

- Typing     Data Entry     Multi-line phones     Reception     Medicare/Medicaid     EHR
- Medical Transcription     Medical Terminology     Patient Billing     Insurance Billing     ICD-9 & CPT Coding
- Collections     Payroll     PowerPoint     MSWord     Excel     E-Mail     General Accounting     AR/AP     General Ledger     Customer Service
- Patient Care:**     Dental     Medical     Mental Health     Lab     X-Rays

I understand that Desert Sage Health Centers is obligated to provide a drug-free workplace in order to receive state and federal grant funds and that I will be required to pass a drug test before a final offer of employment is made.

Employment at Desert Sage Health Centers is at-will and that means my employment and compensation can be terminated with or without cause and with or without notice, at any time at the option of either the agency or myself.

I certify that the information set forth in this Application for Employment is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for my dismissal. I understand that my employment shall be contingent upon proof of identity and verification of eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986. I further understand that my employment is contingent upon the checking of references furnished by me, and give the Employer the right to check and investigate such references. I consent to and authorize Desert Sage Health Centers and its personnel to request any information concerning my previous employment record as indicated on this Application for Employment. I hereby release all parties and persons connected with any request for information from all claims, liabilities and damages for whatever reason arising out of furnishing such job related information.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_