



APPLICATION FOR EMPLOYMENT

2280 American Legion Blvd., Mountain Home, ID 83647 - Ph: 208-696-7189 – email: hr@desertsage.org

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	Year Graduated	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-10 & 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:** ____ / ____ / ____