## **Endoscopy Center of Arkansas**

## APPLICATION FOR EMPLOYMENT

General Instructions: Application must be typed or legibly printed in ink. Where requested, and when there is insufficient space to complete your response, attach additional sheets.

POSITION	Position applied for:			Shift Preference		Status Pref Full-time	erred: Part-time PRN
INFORMATION	Who referred you to this Center?						alary Requirement?
APPLICATION	Have you ever worked at this Center before? Yes  No	V	When?	Position?			
HISTORY	Have you ever applied at this Center before? When? Please explain:  Yes No						
GENERAL	Last Name	First Name	Mic	ddle Initial	Social	Security No	).
INFORMATION	Residence Address City		State	State Zip Telephoi			
	Position applied for:	City	State	Zip	Teleph (		How Long?
	Citizenship Status  ☐ Legal Citizen ☐ Resident Alien ☐ Stud ☐ Visitor Visa ☐ Other	dent Visa	If you are not a citizen, what is y	your visa #?	What i	s your visa	expiration date?
PROFESSIONAL REGISTRATION OR LICENSURE	Type 1	State 2.	Renewal Date	e 1 e 2 e 3	Expiration [	Date 2	
	Have you ever been in the U.S. armed forces?  Have you ever been convicted of a felony?	Yes ☐ No ☐  If yes, what was t	From: To:		Have yo bonde	ou ever bee d? Yes <b>[</b>	en No 🗆
	Yes No When?	What was the o	utcome?				
	Have you ever been terminated from or asked t	to resign from a posit	ion? If yes evolain:				
	Thave you ever been terminated from or asked to	io resign nom a posic	юп: п ус., схрыпп.				
	Person to be contacted in case of emergency: N	lame	Phone N	umber			
POSITION	Name and Address			(	phone )		
INFORMATION	Name and Address  Name and Address			(			
	Name and Address			(	phone )		
	Name and Address			(	)		
				(			
	Name and Address			Tele <sub>i</sub>	phone )		

## POSITION INFORMATION

Street	City	State	Zip	Dates			
Position		Position(s) Held		From-	/	То-	/
Explain your duties, responsibiliti	es and number of people su	upervised, if any.					
Why did you leave?							
Name of supervisor?		Phone # of Supervision ( )		I	May we con	tact?	
Name of Employer							
Street	City	State	Zip	Dates From-	/	То-	/
Position		Position(s) Held		110	,	10	,
Explain your duties, responsibiliti	ies and number of people su	upervised, if any.					
Why did you leave?							
my dia you leave.							
Name of supervisor?		Phone # of Supervision ( )			May we con Yes 🗖	tact?	
Name of Employer							
Street	City	State	Zip	Dates			
						_	
Position		Position(s) Held		From-	/	То-	/
	es and number of people su				/	То-	/
Explain your duties, responsibiliti	es and number of people su				/	То-	/
Explain your duties, responsibiliti	es and number of people su				/	То-	1
Explain your duties, responsibiliti Why did you leave?	es and number of people su			From-	May we con	tact?	/
Explain your duties, responsibiliti Why did you leave? Name of supervisor?	es and number of people su	upervised, if any.		From-			/
Explain your duties, responsibiliti Why did you leave?	es and number of people su	upervised, if any.  Phone # of Supervision		From-	May we con	tact?	/
Explain your duties, responsibiliti Why did you leave? Name of supervisor?	ies and number of people su	upervised, if any.  Phone # of Supervision	Zip	From-	May we con' Yes □	tact? No 🗖	
Explain your duties, responsibiliti Why did you leave?  Name of supervisor?  Name of Employer		Phone # of Supervision		From-	May we con	tact?	/
Explain your duties, responsibiliti Why did you leave?  Name of supervisor?  Name of Employer  Street	City	Phone # of Supervision ( )  State  Position(s) Held		From-	May we con' Yes □	tact? No 🗖	
Explain your duties, responsibiliti Why did you leave?  Name of supervisor?  Name of Employer  Street  Position	City	Phone # of Supervision ( )  State  Position(s) Held		From-	May we con' Yes □	tact? No 🗖	
Explain your duties, responsibiliti Why did you leave?  Name of supervisor?  Name of Employer  Street  Position  Explain your duties, responsibiliti	City	Phone # of Supervision ( )  State  Position(s) Held		Dates From-	May we con' Yes □	tact? No 🗖	

EDUCATION	High School and/or G.E.D.:	Name and Location	Highest Grade Completed?	Grade Average?
	Did you graduate? Yes	lf yes, what was your major study?		Last year of study?
	College:	Name and Location	Highest Grade Completed?	Grade Average?
	Did you graduate? Yes □ No □	If yes, what was your degree and major?	•	Last year of study?
	Trade or Business School:	Name and Location	How Long?	Grade Average?
	Did you graduate? Yes □ No □	If yes, what was your major study?		Last year of study?
	List other training you have had:			•
	Extracurricular Activities, Offices held:			
	Academic honors or special recognition:			
	Current Memberships in Professional Organiz	zations:		
	Doct Mambachine in Drafessianal Overnings	200		
	Past Memberships in Professional Organization	ons:		
	Sports, Hobbies and other interests:			
CLERICAL ONLY	Have you had experience in the following?		Len	gth of Time?
	Accounting		Yes No No	
	Billing and Collecting			
	Medical Records  Managed care contracting			
	Shorthand			
	Typing Average words	s per minute:	Yes No No	
	Dictation		Yes No No	
	Other		Yes No No	

## **SUMMARY OF QUALIFICATIONS**

	In this space you briefly summarize any add considering your application for employme	litional qualifications you feel are important in nt.
for denia	, ,	in or omissions from this application constitute cause employment. All information submitted by me in this
ndividu employn	al contacted during this inquiry to give you a	mation contained in the application, and authorize ar ny and all information concerning my previous have, personal or otherwise, and release all parties providing this information.
Endosco	• •	o conform to all the rules and regulations of my employment and compensation can be terminate any time, at the option of Endoscopy Center of Arkans
Signatu	re of Applicant	 Date