

Employment Application
 Fresno Medical Center, Inc.
 6069 N. First Street 103 Fresno, CA 93710
 4615 N First Street Fresno, CA. 93710

Date: _____

Last Name: _____ First Name: _____ M/I: _____

Street Address: _____ City _____ State: _____ Zip _____

Telephone no: _____ Email _____ DOB: _____

Employment Desired	Position	FT/PT	Date Available	Salary Desired
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Are you employed currently? Yes No

If so, may we contact your current employer? Yes No

Have you ever applied to this office before? Yes No

Are you a US Citizen? Yes No If not, what is your status? _____

Must provide with a copy of a proof

Education	Name and location of Schools	Did you graduate?	Subjects Studied
High School		Y/N	
College(s)		Y/N	
Trade, business, Corresp. School		Y/N	

Continuing education or special training (please specify)

Experience:

Indicate years
 (List other relevant
 experience in the
 blank spaces).

Typing
 Filing
 Phones
 Scheduling
 Insurance Billing
 Computer
 EKG

Collections
 Supervision
 Accounts Payable
 General Ledger
 Phlebotomy
 Back Office
 Treadmill

Injections
 Venipuncture
 BPs., hts., wts.

Employment Application (continued)

Employment History (List last position first)				
From	To	Employer's name, address and phone no.	Position and Salary	Reason for leaving

References Name, address, and phone number	Business Name	Years Acquainted
1.		
2.		
3.		

Have you ever been convicted of a felony? () No () Yes. If yes, please explain. (Use additional sheet if Necessary)

Have you ever been dismissed, fired from a position? () No () Yes. If yes, please explain. (Use additional sheet if necessary.)

I authorize all persons and companies named above and others determined appropriate, except my present employer if so noted, to furnish any information regarding me whether or not it is on their records, and hereby release them from all liability for damage for providing the information. In addition, I understand that a routine inquiry may be made to validate the information I have placed on this application. Upon my written request, additional information as to the nature and scope of the inquiry, if one is made, will be provided to me. I further understand that any employment offered to me will not be for any definite period of time and is subject to termination, with or without cause, by the employer or at my own election at any time for any reason. I understand that my employment is at will and that this policy cannot be changed except I a written document signed by an authorized officer of the company and also signed by me. I understand that falsifying any information on this application can be grounds for immediate termination.

Date: _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____

Remarks: _____

References checked, dates: _____

Date hired: _____

Will report to: _____

Position: _____

Salary: _____

First Review date: _____