



Application for Employment

Date Received: _____

Name: _____ Address: _____

Mailing address: _____

Do you have a driver's license? _____ Driver's license number _____ Issued in what state? _____

Telephone #: _____ Alt Phone # _____

Email Address: _____

Position(s) applied for: _____

How did you hear about this Position?

- Employee
- Newspaper
- Internet
- Company Website
- Job Fair
- Facebook
- Other: _____

Have you ever been employed by Frontera Healthcare Network in the past? Yes No

If yes, give dates from _____ to _____

Have you submitted an application here before?

If yes, give date(s) and position(s) _____

Are you related to any Frontera Healthcare Network employees or a member of the Board of Directors?

Yes No

If Yes, please list employee(s)/Board Member(s) and their relation to you.

I certify that I am a U.S. Citizen, permanent resident, or a foreign national with authorization to work in the United States. Yes No

Type of employment desired?

Full time Part time Permanent Temporary

Are you available to work nights and/ or weekends if the position requires it? _____

Will you relocate if the position requires it? _____

Can you travel between locations if the position requires it? _____

Date available to begin? _____

What is your desired salary range or hourly rate of pay?

\$ _____ per _____

Have you ever been convicted of, entered a guilty plea, or no contest, or had a withheld judgement to a felony?

Yes No

If yes, please explain

Military

Have you ever been in the Armed Forces? _____ Year entered? _____ Number of years served? _____

Are you now a member of the National Guard? _____ Discharge Date _____

Specialty: _____

Educational Background

Starting with your most recent school attended, please provide the following information

School	Location (mailing address)	Years Completed	Major	Degree or Diploma Awarded
				Diploma _____ GED _____ Degree _____ Certification _____ Other _____
				Diploma _____ GED _____ Degree _____ Certification _____ Other _____
				Diploma _____ GED _____ Degree _____ Certification _____ Other _____
				Diploma _____ GED _____ Degree _____ Certification _____ Other _____

Employment History

Starting with your most recent employer, provide the following information for the past 10 years

Employer _____ Telephone # _____

Street Address _____

Starting position/ title _____ Ending Position/ title _____

Dates employed: _____ to _____ May we contact for a reference? _____

Immediate Supervisor and title (for most recent position): _____

Starting Pay

Ending Pay

Salary \$ _____ Per _____

Salary \$ _____ Per _____

Commission/ Bonus/ Compensation \$ _____

Commission/ Bonus/ Compensation \$ _____



Application for Employment

Date Received: _____

Reason for leaving (be specific)?

Summarize the type of work performed and job responsibilities, please include skills learned or used, and any promotions or advancements.

Employer _____ Telephone # _____

Street Address _____

Starting position/ title _____ Ending Position/ title _____

Dates employed: _____ to _____ May we contact for a reference? _____

Immediate Supervisor and title (for most recent position): _____

Starting Pay

Ending Pay

Salary \$ _____ Per _____

Salary \$ _____ Per _____

Commission/ Bonus/ Compensation \$ _____

Commission/ Bonus/ Compensation \$ _____

Reason for leaving (be specific)?

Summarize the type of work performed and job responsibilities, please include skills learned or used, and any promotions or advancements.

Employer _____ Telephone # _____

Street Address _____

Starting position/ title _____ Ending Position/ title _____

Dates employed: _____ to _____ May we contact for a reference? _____

Immediate Supervisor and title (for most recent position): _____

Compensation Starting

Compensation Final

Hourly Salary \$ _____ Per _____

Hourly Salary \$ _____ Per _____

Commission/ Bonus/ Compensation \$ _____

Commission/ Bonus/ Compensation \$ _____

Reason for leaving (be specific)?

Summarize the type of work performed and job responsibilities, please include skills learned or used, and any promotions or advancements.

Employer _____ Telephone # _____

Street Address _____

Starting position/ title _____ Ending Position/ title _____

Dates employed: _____ to _____ May we contact for a reference? _____

Immediate Supervisor and title (for most recent position): _____

Starting Pay

Ending Pay

Salary \$ _____ Per _____

Salary \$ _____ Per _____

Commission/ Bonus/ Compensation \$ _____

Commission/ Bonus/ Compensation \$ _____

Reason for leaving (be specific)?

Summarize the type of work performed and job responsibilities, please include skills learned or used, and any promotions or advancements.

Employer _____ Telephone # _____

Street Address _____

Starting position/ title _____ Ending Position/ title _____

Dates employed: _____ to _____ May we contact for a reference? _____

Immediate Supervisor and title (for most recent position): _____

Starting Pay

Ending Pay

Salary \$ _____ Per _____

Salary \$ _____ Per _____

Commission/ Bonus/ Compensation \$ _____

Commission/ Bonus/ Compensation \$ _____

Reason for leaving (be specific)?

Summarize the type of work performed and job responsibilities, please include skills learned or used, and any promotions or advancements.

Have you ever been fired or asked to resign from a job? Yes _____ No _____ If yes, please explain: _____

Skills and Qualifications

Summarize any special training skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

References:

List name and telephone number of three (3) business/work references who are **not** related to you and are **not** previous supervisors. If not applicable, list three (3) school or personal references who are **not** related to you.

Name	Title	Relation to you	Telephone Number	Years known

Is there any job related information you want us to know about you?

Applicant statement:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and the no implied oral or written agreements contract to the foregoing express language are valid unless they are in writing and signed by the employers Executive Director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and the federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered

I certify that I have read, fully understand and accept all terms of the foregoing Applicant statement.

Signature: _____ Date: _____

Urine Analysis Consent and Release Form for Applicant

Frontera Healthcare Network has a policy against drug and alcohol usage and reserves the right to screen its employees and applicants for employment as an enforcement measure in providing a safe, healthy, and productive working environment.

1. By my signature below, I freely and voluntarily agree and consent to submit a personal specimen of urine and/or blood for chemical analysis and testing to determine or rule out the presence of illegal, abused, or prohibited drugs/alcohol or substances in my body fluids.
2. By my signature below, I authorize Frontera Healthcare Network duly appointed collection facility or employer's testing laboratory and their personnel, to obtain, process and test the specimen and to release and discuss the results of the analysis and test to the Executive Director of Frontera Healthcare Network for employment purposes. This information will be handled as confidentially as is reasonably possible, shared only on a "need to know" basis.
3. I understand that a documented chain of custody exists to endure the identity and integrity of my specimen throughout the collection and testing process.
4. As an applicant, I understand that if I have a positive test or I refuse to submit to employer's drug/alcohol screening analysis and test, this will constitute voluntary withdrawal of my application for employment and no further consideration shall be given to me as an applicant. The non-prescription legal drugs and drugs for which I have a prescription that I take routinely or have taken, or ingested within the past thirty (30) days are listed on the confidential questionnaire submitted to the testing facility. The information will only be used to determine whether a false positive has occurred.
5. As an employee, I understand that if I have a positive test confirmed by a second laboratory test as a positive or I refuse to submit to a drug/alcohol screening analysis test, this will constitute a violation of

employer policy and I will be subject to disciplinary action up to and including termination of my employment. The non-prescription legal drugs and drugs for which I have a prescription that I take routinely or have taken, or ingested within the past thirty (30) days are listed on the confidential questionnaire submitted to the testing facility. The information will only be used to determine whether a false positive has occurred, to select the type of confirmation test to use or to request an additional sample for other testing.

6. I hereby, forever discharge, hold harmless and indemnify Frontera Healthcare Network, any physician, any technician, any medical facility, any laboratory facility, and hospital laboratory and all of their respective officers, directors, agents, employees and representatives from and against any and all damages and claims of whatever nature, including but not limited to those arising directly or indirectly by the sole, joint, and/or concurrent negligence of same, arising out of or in connection with any act or omission relating to: (i) examination, (ii) test, (iii) collection, (iv) procedure, (v) chain of custody, (vi) disclosure, (vii) analysis, (viii) diagnosis, (ix) inaccuracy of testing or reporting, (x) report, (xi) acts performed or (xii) failure to disclose that ingestion of certain substances can cause a positive test result.
7. I understand that like all other employer forms, this form does not alter the employment at-will relationship by and between me and Frontera Healthcare Network. I understand that I may terminate my employment at any time, with or without cause and with or without notice. I understand that Frontera Healthcare Network may terminate my employment at any time, with or without cause, and with or without notice.

Applicant Signature:

Printed Name:

Social Security Number:

Witness Signature:

Printed Name:

Date:

Frontera Healthcare Network
Employee/ volunteer application for position, credentialing or Re-credentialing
AUTHORIZATION AND CONSENT
For background checks

All information submitted by me in connection with my application for a position as employee, contractor of/or volunteer ("Staff"), for credentialing or for re-credentialing (all "employment or continued employment") is true to the best of my knowledge. I understand that any misstatements in or material omissions from my application materials may constitute cause for rejection of my application or, if discovered at any time after my acceptance, termination of privileged and employment.

I hereby authorize Frontera Healthcare Network to communicate with other entities and individuals concerning my knowledge of my professional competence, character and ethics, and to inspect all documents, including medical records at other entities, school transcripts, and county records, that may be material to an evaluation of my qualifications and competence for clinical privileges and functions requested, as well as my moral and ethical qualifications for employment.

I also consent to Frontera Healthcare Network obtaining information to my criminal history, including arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I also agree that, so long as I remain Staff here, the criminal history records check may be repeated at any time. I also understand that the criminal history could contain information presumed to be expunged.

I authorize and request all persons, schools, public and private entities, credit bureaus, courts, law enforcement agencies, armed forces, employment commissions and all other government agencies to release information about me without restriction or qualification. I understand that the request for my date of birth below is only for the purpose of identifying me for background verification. I authorize a Photostat, facsimile or other copy of this release to be considered as effective as the original.

I hereby release from any liability Frontera Healthcare Network and its directors, officers, healthcare providers, employees, contractors, attorneys, insurers, agents, and representatives for their actions in connection with obtaining and evaluating my application, credentials, and qualifications. I hereby release from liability any and all individuals and organizations that provide information to Frontera Healthcare Network and its directors, officers, healthcare providers, employees, contractors, attorney, agents, and representatives concerning my professional competence character, ethics, and other qualifications for employment privileges.

In making this application, I acknowledge my obligation in the case of employment of continues employment with Frontera Healthcare Network would be to fulfill my responsibilities to provide continuous quality care to patients of Frontera Healthcare Network, to make decisions appropriate to the patients' needs, to maintain my practice knowledge and skills current through continuing education opportunities, to abide by the Bylaws, rules and regulations of the Professional Staff and to participate in and cooperate fully with the Compliance and Performance Program and all programs to improve quality and reduce risks. I agree to participate in the review of records and documents relating to patient care and services, and to subject my performance to review by the Frontera Healthcare Network for the purpose of improving the quality of care and services and reducing risks, and I hold Frontera Healthcare Network and its directors, officers, healthcare providers, employees, contractors, attorneys, agents, and representatives free of all liability for such actions.

In case of employment or continued employment, I agree to abide by the requirements for coverage by the federal Tort Claims Act ("FTCA"), will cooperate fully in all measures to improve quality and reduce risks, and with ant investigations and defense of liability claims. I understand that if I am made mad and offer for privileges or functions and employment, an evaluation of my physical and mental fitness may be requested consistent with the requirements for liability coverage by the FTCA.

Authorization for "Consumer Report"

I understand that, when considering my application for employment, when making a decision whether to offer me employment (if I am hired), and when making other employment related decisions directly affecting me, Frontera Healthcare Network may wish to obtain and use "consumer report" from a "consumer reporting agency". These terms are defined in the Fair Credit Reporting Act (FRCA"), which

applies to me. As an applicant for employment or employee of the company, I am a “consumer” with rights under the FCRA.

A “consumer Reporting agency” is any written, oral, or other communication of any information by a “consumer reporting agency” bearing on a consumer credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumers’ eligibility for employment purposes. A background investigation report of me may contain a variety of information, including verification of my prior employment(s) and dates of employment, academic achievement, professional licenses, credit reports, prior criminal history, civil litigation, social security number verification, driving record, Uniform commercial Code filings, and liens or judgements, and bankruptcy as a result of a public records search from any federal, state or other agency which might have such records.

I understand that, if Frontera Healthcare Network obtains a “consumer report” about me, and if Frontera Healthcare Network considers any information in the “consumer report” when making an employment decision that directly and adversely affects me, I will be provided with a copy of the “consumer report” before the decision is finalized. I may also contact the federal trade commission about my rights under the FCRA as a “consumer” with regard to “consumer reports” and “consumer reporting agencies”.

By signing below, I hereby voluntarily authorize Frontera Healthcare Network to obtain “consumer reports” about me from a “consumer reporting agency” and to consider the “consumer reports” when making decisions regarding my employment at Frontera healthcare Network. If hired, this authorization shall remain on file and shall serve as ongoing authorization for the center to procure background investigations at any time during the present.

Applicants Signature

Social Security Number

Applicants Name (please Print)

Date of Birth

Today’s Date

Frontera Healthcare Network is an equal opportunity employer and does not discriminate because of race, color, marital status, religion, sex, national origin, ancestry, disability, age (over 40), military status, or other grounds prohibited by applicable federal, state, and local law.