



APPLICATION FOR CENTRAL NORTH ALABAMA HEALTH SERVICES, INC. EMPLOYMENT

APPLICATION FOR EMPLOYMENT/NON-PROVIDER

Please Answer All Questions. Résumés Are Not A Completed Application
PRINT CLEARLY

Date: _____ For what position are you applying? _____

Last Name	First	Middle	Home Phone: (_____) _____
			Cellular Phone: (_____) _____
Address (Number, City, state, Zip)			Are you at least 18 years old? [] Yes [] No (If no, please provide work permit)
Social Security Number		Do you have the legal right to work in the U.S.? [] Yes [] No (Proof will be required upon employment)	
Type of employment desired : Full-time [] Part-time [] (Specify Hours) _____			
Have you previously applied for employment with CNAHSI? [] Yes [] No If yes, when and where did you apply? _____			

EXPERIENCE AND SKILLS

OFFICE SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?			CLINICAL SKILLS	Yes	No	WHAT IS YOUR SKILL LEVEL?		
			Fair	Good	Exc.				Fair	Good	Exc.
Typing (50 wpm)						Pre-visit planning					
Bookkeeping						Taking vital signs					
Computer Literacy (Microsoft Office, Internet/e-mail)						Taking medical and dental histories					
Scheduling Patient Appointments						Sterile Techniques					
Multi-line Phones						Reading Lab and X-Ray Reports					
Records Management						Working in Electronic Health Records					
Medical Terminology						Giving Injections and medications					
Charge Entry/Posting						Tray setup and Chairside Assistance					
Collections						Charting					
Medical Billing and Claims filing						Assisting with medical procedures					
Transcriptions						Performing EKG, phlebotomy and Labs					
Insurance Verification						Performing spirometry, vision, hearing, ear irrigation tests/procedures					
Coding (ICD10/CDT)						Patient/family education					
Cash Handling/Cashiering						Oral Health Instructions					
Patient Registration/Check-In						Provide diagnostic Aids					
Preparing & Composing Business Correspondence						Ability to operate pill counting machines					
Office Equipment (fax, copier, scanner, etc.)						Prepare and fill medications					
Telephone Etiquette						Interpret prescriptions for accuracy					
Customer Service						Pharmaceutical calculations					
Bilingual: English/Spanish						Infection/Hazard control					
Understanding HIPAA						Clinic supplies inventory maintenance					

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EDUCATION

	Name of School and Address	Graduated	# of Years	Course or Major
High School		Y / N		
College		Y / N		
Post Graduate		Y / N		
Special Courses or Training		Y / N		
Additional Special Courses or Training		Y / N		

CERTIFICATES OR LICENSES

	X-Ray	ASST	LPN	RN			CPR	Driver's	Other
Certificate/License#									
Date Earned									
State Issued									
Current Through (give date)									

GENERAL INFORMATION

Can you fulfill the job duties and responsibilities of the position for which you are applying as they have been described to you, with or without a "reasonable" accommodation?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Are you available for the work hours required of the position for which you are applying?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
If applicable, do you have the required license(s) or certification(s) to perform the job?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Have you completed all Hepatitis, flu vaccination and PPD requirements?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Can your vacations be arranged at CNAHSI's convenience? If no, please explain:	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Do you illegally use drugs?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Have you ever been convicted of a crime other than a traffic violation? If yes, please attach explanation. (Note: a conviction does not necessarily bar employment)	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Date available to start?	
Salary requirements:	\$ _____/hour \$ _____/month \$ _____/year
Benefit requirements:	

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GENERAL INFORMATION Cont.

Military Service					
Are you a veteran of the U. S. Military Service? If yes, which Branch: _____					[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Are you a member of the National Guard or Reserve? If yes, please list dates when you are unavailable to work during your employment: _____					[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Availability					
<i>Work schedules may be from 7:00 am to 8:00 pm to provide adequate clinical and administrative support</i>					
Please list all hours available to work				Total Hours Available per week: _____	
Monday:	From: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	To: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	
Tuesday	From: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	To: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	
Wednesday	From: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	To: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	
Thursday	From: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	To: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	
Friday	From: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	To: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	
Saturday	From: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	To: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	
Sunday	From: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	To: _____	[<input type="checkbox"/>] AM [<input type="checkbox"/>] PM	

EMPLOYMENT / WORK EXPERIENCE

List the last 7 years, including periods of self-employment or unemployment. Answer all questions here and throughout this employment application- **do not substitute with a résumé**. List present or most recent position first. Attach additional pages if needed. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer “**see résumé**.”

Name of Employer:	Address (Number, City, State, Zip):	Phone:
Employed: From and To (month and Year)	Position(s) Held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Starting and Ending:	Your last name at time of employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No If no, why not?		

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Average # of hours worked per week:	Rate of Pay: Starting and Ending:	Your last name at time of employment:
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Give specific reason(s) for leaving:		
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Employed: From and To (month and Year)	Position(s) Held:	Supervisor's Name and Title:
Average # of hours worked per week:	Rate of Pay: Starting and Ending:	Your last name at time of employment:
Describe your duties:		
Give specific reason(s) for leaving:		
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?		

Have you ever been terminated or asked to resign from any job?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No. If yes, how many times? _____
Has your employment ever been terminated by mutual agreement?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No. If yes, how many times? _____
Have you ever been given the choice to resign rather than be terminated?	[<input type="checkbox"/>] Yes [<input type="checkbox"/>] No. If yes, how many times? _____
If you answered "Yes" to any of the above three questions, please explain the circumstances of <u>each</u> occasion.	

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REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship (i.e., supervisor, co-worker)	Telephone

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Occupation	Address	Telephone	Number of Years Known

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that CNAHSI may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If CNAHSI has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to CNAHSI's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with CNAHSI's policies and applicable federal, state, and local law.

If employed by CNAHSI, I understand and agree that CNAHSI, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

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I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

CNAHSI IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, CNAHSI OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF CNAHSI IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT & CEO OF CNAHSI.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF CNAHSI, AND I UNDERSTAND THAT CNAHSI HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorized CNAHSI or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable, I will receive separate written notification regarding CNAHSI's intent to obtain "consumer reports."

I authorized and consent to, without reservation, any party or agency contacted by CNAHSI to furnish the above mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to CNAHSI or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability CNAHSI and its representatives for seeking such information and all other persons, corporations, or organizations from furnishing such information. Further, if hired, I authorized CNAHSI to provide truthful information concerning my employment to future employers and hold CNAHSI harmless for providing such information.

If hired by CNAHSI, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by CNAHSI. I also understand CNAHSI employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIX (6) MONTHS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Applicant Signature: _____ Date: ____/____/____