



# EMPLOYMENT APPLICATION

**CONFIDENTIAL**

*TriValley Primary Care considers applicants for all positions without regard to race, color, religion, sex, veteran's status, national origin, age or disabilities or any other legally protected status, as outlined in federal and state employment laws.*

**Corporate Office**  
**519 South 5<sup>th</sup> Street, Suite 130**  
**Perkasie, PA 18944**

Please Print the information below:

PERSONAL INFORMATION			
Last Name:	First Name:	M.I.:	Today's Date:
Street Address:	City:	State:	Zip:
Home Phone:	Other Phone:	Social Security Number:	
E-Mail Address:	Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever filed an application with TriValley Primary Care before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Have you ever worked under a different name? Please specify:		
Have you ever worked for TriValley Primary Care or its former practices? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	How did you learn of this position?		
Do you have any relatives, other than a spouse, already employed by TriValley Primary Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list name(s), relationship(s), position/office:			

EMPLOYMENT DESIRED	
Position in which you are interested, check all that apply:	
<b>ADMINISTRATIVE POSITIONS</b>	<b>CLINICAL POSITIONS</b>
<input type="checkbox"/> File Clerk <input type="checkbox"/> Receptionist <input type="checkbox"/> Referral Specialist <input type="checkbox"/> Billing/Charge Entry <input type="checkbox"/> Administrative Supervisor <input type="checkbox"/> Billing/Payment Processing <input type="checkbox"/> Billing/Patient Collections <input type="checkbox"/> Billing/Insurance Collections <input type="checkbox"/> Mail Clerk <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Patient Prep Aide <input type="checkbox"/> Certified Medical Assist. <input type="checkbox"/> LPN <input type="checkbox"/> RN <input type="checkbox"/> Nurse Supervisor <input type="checkbox"/> Other (specify):
Preferred Work Schedule: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	Starting Salary Expected: \$ _____ /hour
If other than full-time, please indicate days available:	Date available To start: _____ / _____ / _____

**EDUCATION**

	Name & Location of School	Main Courses Taken	Highest grade completed, Diploma, Certificate, or Degree
High School			
College			
Vocational or Business School			
Nursing Education			
Lab, X-Ray, or other Training			

If you did not graduate or finish your degree, why did you leave school?

Are you planning to pursue additional education?  Yes  No  
 If yes, please explain:

List honors, awards, activities, offices held, or other qualifications you have which you feel are related to the position for which you are applying. You may exclude those activities which may indicate your race, religion, color, sex, age, national origin, marital status, citizenship, veteran status, or disability.

Please list memberships in Professional Organizations:

**PROFESSIONAL LICENSES/CERTIFICATIONS**

Type	Organization or State Issuing	Expiration Date	License Number

Have you ever experienced a lapse in licensure or has your license ever been revoked?  Yes  No  
 If yes, please explain:

**ADDITIONAL SKILLS**

- |  |  |                                     |  |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Word Processing         | <input type="checkbox"/> Adding Machine      | <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Software: _____     |
| <input type="checkbox"/> Shorthand               | <input type="checkbox"/> Bookkeeping         | <input type="checkbox"/> EKG Setup  | <input type="checkbox"/> Personal Computer   |
| <input type="checkbox"/> Transcription           | <input type="checkbox"/> Account Collections | <input type="checkbox"/> Injections | <input type="checkbox"/> Medical Terminology |
| <input type="checkbox"/> Other (please specify): |  |                                     |  |

Please use the space below to describe your interest in the medical field and the skills and aptitudes that qualify you for a position with TriValley Primary Care. Please complete this section in your normal handwriting.

## EMPLOYMENT RECORD

*It is essential that this portion of the application be completed in full. You may attach a resume, but this section must be completed in your handwriting as well. Please list present or most recent employer first.*

Employer's Name:	Supervisor's Name:	Employed From:
Address:	Contact Phone Number:	To:
Briefly describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	Start Pay:                  Final Pay:
Reason for leaving:		

Employer's Name:	Supervisor's Name:	Employed From:
Address:	Contact Phone Number:	To:
Briefly describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	Start Pay:                  Final Pay:
Reason for leaving:		

Employer's Name:	Supervisor's Name:	Employed From:
Address:	Contact Phone Number:	To:
Briefly describe your duties:		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?	Start Pay:                  Final Pay:
Reason for leaving:		

Please list additional employers here:	Employed From:	Employed To:	Title:
Employer's Name:			

Please explain all periods of unemployment:

## PERSONAL REFERENCES

*Please list two personal references, other than relatives and former employer, who have known you for the past five years or more.*

Name	Address & Phone Number	Title/Relationship

