



Hope...Health...Life
 150 NE Kenneth Ford Dr., Roseburg, OR
 97470
 541-672-9596 fax 541-464-3519

APPLICATION FOR EMPLOYMENT

GENERAL

Current Date (Month, Day, year)	Were you a former UCHC employee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Last UCHC Termination Date
Name (Last)	(First) (Middle)	Home Phone
Address (Number & Street)	City State Zip	Cell Phone
Mailing Address	City State Zip	Business or Message Telephone
Are you younger than 18? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you a US Citizen or legally authorized to work in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number
		E-mail Address:

POSITION

Position(s) you are applying for::

Date Available

WORK AVAILABILITY (Check All That Apply)

Types of Employment you will accept: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (less than 30/hrs week) _____Min _____Max <input type="checkbox"/> On Call (as needed)	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary	Sites: <input type="checkbox"/> 150 NE Kenneth Ford Dr, Roseburg <input type="checkbox"/> 123 Ponderosa Dr, Sutherlin <input type="checkbox"/> 790 S Main St, Myrtle Creek <input type="checkbox"/> 20170 N. Umpqua Hwy, Glide <input type="checkbox"/> Roseburg High SBHC <input type="checkbox"/> 316 W "A" Avenue, Drain	Days: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday
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ADDITIONAL INFORMATION

How did you learn about this position opening? Ad Please Specify _____ Other Please Specify _____

Do you have any relatives employed here? YES NO If "YES", Name & Department _____

With or without accommodations, can you perform the essential functions of the position for which you are applying? (A copy of the job description stating essential functions is available from Human Resources for your review.)

YES NO If "No", please explain:

EDUCATION

Indicate highest level you have completed GED HIGH SCHOOL 1 2 3 4 COLLEGE: 1 2 3 4 5 6

High School: Name, Complete Address & Phone #	Name under which you received your diploma or GED	Major		
College: Name, Complete Address & Phone #	Name under which you received degree	Date Received	Type of Degree	Major

List other training or seminars/workshops

Other Training Institution(s)	Subject or Focus	Dates From:	Dates To:

WORK EXPERIENCE

IMPORTANT

LIST ALL CURRENT & FORMER EMPLOYERS (include your military job experience). PLEASE ACCOUNT FOR TIME GAPS IN YOUR EMPLOYMENT HISTORY (attach separate sheet if necessary). BEGIN WITH MOST RECENT EMPLOYER. (A resume is **NOT** a substitute for completing this section).

1. Firm Name:		Complete Address:		Description of Duties:
Position:		From: (MM/DD/YY)	To: (MM/DD/YY)	
Hours Per Week:	Reason for Leaving:			
Supervisor Name and Title:		Telephone Number:		
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Other Name You Were Employed Under:		
2. Firm Name:		Complete Address:		Description of Duties:
Position:		From: (MM/DD/YY)	To: (MM/DD/YY)	
Hours Per Week:	Reason for Leaving:			
Supervisor Name and Title:		Telephone Number:		
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Other Names You Were Employed Under:		

3. Firm Name:		Complete Address:		Description of Duties:
Position:		From: (MM/DD/YY)	To: (MM/DD/YY)	
Hours Per Week:	Reason for Leaving:			
Supervisor Name and Title:		Telephone Number:		
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Other Names You Were Employed Under:		

4. Firm Name:		Complete Address:		Description of Duties:
Position:		From: (MM/DD/YY)	To: (MM/DD/YY)	
Hours Per Week:	Reason for Leaving:			
Supervisor Name and Title:		Telephone Number:		
May we contact this employer: <input type="checkbox"/> YES <input type="checkbox"/> NO		Other Names You Were Employed Under:		

If you answered "No" to contacting any of the above employers, please explain the reason:

It is our practice to contact employers for information as to your work experience and job suitability. If you wish for us NOT to contact your current employer until have had an opportunity to discuss the matter, please advise us and check the "No" box above under the correct employer.

SKILLS AND CERTIFICATIONS/LICENSES

Please check the boxes indicating which of the following skills you have:

- | | | |
|--|----------------------|---|
| Typing Speed _____ wpm | Calculator _____ kpm | Patient Billing |
| Multi-Line Phone Reception | | Collections |
| Medical Records | | General Accounting |
| Medical Terminology | | CPT Coding |
| Electronic Health Record (list programs used) | | ICD-9-CM and/or ICD-10-CM Coding (circle one or both) |
| Other Skills Applicable to the Position (list) | | Computer (list software/programs used) |
| _____ | | |
| _____ | | |

PROFESSIONAL CERTIFICATIONS/LICENSES:

Do you currently possess the required professional license, certification, registration, or permit for the position(s) you are applying for?

YES ___ NO ___ If Yes, Type: _____ Number: _____ State: _____ Expires: _____

If No, have you applied? YES ___ NO ___ Date Applied For: _____

PROFESSIONAL REFERENCES (DO NOT LIST RELATIVES)

Name	Email Address	Home/Cell Phone	Work Phone	Relationship

CONFIDENTIALITY/HIPAA

As a health care organization, Aviva Health abides by all regulations and securities imposed by HIPAA. Additionally, Aviva Health holds the confidence of all our patients and anticipates that information learned from employment shall be kept confidential. By signing below, it is your guarantee and acknowledgment that you will not disclose patient information shared during and after your employment with Aviva Health, unless instructed so by a law enforcement entity.

ELIGIBILITY FOR EMPLOYMENT

Federal law requires Aviva Health to obtain documents from each new employee to prove eligibility for employment in the United States. A list of these required documents are available from the Human Resources Specialist. Timely provision of required documents is a condition of employment.

Aviva Health is obligated to fulfill requirements of the Child/Adult Abuse Information Act (1987) which will include obtaining an authorization and disclosure statement for completing a background check. Criminal background information will be requested for the past 10 years. I understand Aviva Health's commitment to a Drug Free Work Place, the prohibition against the use, sale, manufacture, receiving, possession, distribution, or dispensing of drugs and/or alcohol. Should I receive an offer of employment it will be contingent on my passing a pre-employment drug screening arranged by and reported to Aviva Health and completing a Criminal Background Check. Information will be requested for the past 10 years.

INFORMATION CERTIFICATION/AUTHORIZATION TO RELEASE INFORMATION

I certify the information given in this Application for Employment is true and complete to the best of my knowledge. I authorize Aviva Health to verify my educational credentials and professional licenses and to make inquiry of my former employers or references as to my experience, job suitability and/or reasons for leaving. I understand that if employed, the making of false statements on this Application or omission of information on any other form will be sufficient cause for my dismissal. Offers of employment are contingent upon satisfactory references from former employers and colleagues. I further understand that upon receiving an offer of employment, I will be provided an Authorization and disclosure to allow Aviva Health to obtain a Criminal Background Check, seeking information for the past 10 years. I will also be required to take a pre-employment drug test. I understand that my employment is contingent upon a satisfactory criminal history background check of a minimum of the past 10 years and completion of a disclosure statement. I also understand that my employment is contingent upon proof of identity and verification of eligibility for employment in the United States. I agree to hold harmless Aviva Health and any company and/or individual(s) for information they may release with regard to this Application.

I understand that this Application, singularly or together with other Aviva Health documents or policies, does not create a contract of employment. I also understand that if hired, I may voluntarily resign or be terminated at any time for any reason. If I accept a position at Aviva Health, I agree to comply with all its policies and procedures. In the event of termination of employment with Aviva Health, I agree to return all Aviva Health property (such as computers, keys, ID cards, etc.). I authorize Aviva Health to withhold all or part of the wages due to me and apply those wages against any debt I owe to Aviva Health.

Signature of Applicant

Date

Please Print Full Name

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sexual orientation, gender, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated on a separate EEO form.

**IF YOU NEED ASSISTANCE TO COMPLETE THIS FORM,
PLEASE CONTACT OUR HUMAN RESOURCES DEPARTMENT AT 541-672-9596**