

PORTLAND FAMILY PRACTICE - EMPLOYMENT APPLICATION

541 NE 20TH AVE PORTLAND OREGON 97230

PLEASE PRINT ALL INFORMATION

DATE: _____

NAME: _____
 LAST FIRST MIDDLE (MAIDEN OR PREVIOUSLY USED)

ADDRESS: _____

How long at present address? _____ Social security # _____ - _____ - _____

Telephone () _____ Date of Birth _____ Drivers license #/state _____

Do you have the legal right to work in the United States and can you furnish documentation to substantiate this after hire? Yes No

How did you find out about this position? _____

Have you ever been employed by Portland Family Practice? Yes No

If yes, position and dates worked: _____

Do you have any relatives working for Portland Family Practice? Yes No

If yes, name of relative and relationship to them: _____

Position you are applying for: _____ Salary desired: _____

Days/hours available for work: no preference _____	Monday _____	Hrs: _____
	Tuesday _____	Hrs: _____
	Wednesday _____	Hrs: _____
	Thursday _____	Hrs: _____
	Friday _____	Hrs: _____
	Saturday _____	Hrs: _____
	How many hours can you work weekly? _____	

How many hours do you NEED weekly? _____

Employment desired Full-Time Only Part-Time Only Full or Part Time

What date are you available for employment? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR FELONY? NO

YES PLEASE EXPLAIN: explain number of conviction(s), nature of offense(s), Dates of conviction(s), sentence(s) imposed, and any type(s) of rehabilitation:

Education:

School	Name of School	Location	Year completed	Major/Degree
High School				
Trade School				
College				
College				
College				

Office Skills:

10- Key Yes No Typing Yes No WPM _____
 Microsoft word/outlook Yes No Excel Yes No Powerpoint Yes No
 Word Processing Yes No Electronic Medical Records (EMR) Yes No

Other skills _____

References:

Please list three references other than relatives or previous employers

1. Name _____ Position _____
 Company _____ Telephone _____
 Address _____
2. Name _____ Position _____
 Company _____ Telephone _____
 Address _____
3. Name _____ Position _____
 Company _____ Telephone _____
 Address _____

I authorize you, at the time of my application for employment or during the course of my employment to obtain information from any source as to my education, experience, competence, character or medical history, as it relates to the position for which I applied or in which I may be employed unless otherwise stated and I, therefore release all parties and persons connected with any such action from any and all liability from any damage that may result from the release of that information. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that all statements made in this application may be investigated. I also understand that I may be required to successfully complete a medical exam for initial and continued employment. I further understand that in the event I am employed, such employment is at will. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract. I hired, I agree to conform to all rules and policies. I have read, understand, and agree to comply with the previous statements.

May we contact your Present Employer? Yes No Did you complete this application yourself? Yes No
 If no, who did? _____

Signature of applicant: _____

Date: _____