



Employment Application

An Equal Opportunity Employer

Spectrum Medical Group provides equal opportunity for employment to all qualified applicants without regard to race, color, age, gender, religious creed, disability, national origin, ancestry, or sexual orientation.

Name: _____

Address: _____ City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Business Phone: _____

Position(s) Applied for: _____

Date Available for Employment: _____ Salary Desired: _____

Please indicated type of employment desired: (If Part-time, indicate days/hours: _____)

Full time Part time Temporary Evening/Overnight Desired hours of work: _____

Have you ever applied to or been employed by Spectrum Medical Group previously? ___ Yes ___ No

If "yes", when and in what position? _____

*Are any family members or immediate relatives currently employed in a position of management at Spectrum Medical Group (including all divisions)? ___ Yes ___ No If "yes", name and position: _____

(*Relates to Company policy on employment of family & relatives.)

Referral Information

How were you referred for employment to Spectrum Medical Group? Own Accord Friend Advertisement

Employment Agency School Job Fair State/Federal Agency

Employee (Name : _____) Other: _____

Employment History

Please provide all of your employment history, starting with the most recent. Include any military service:

Dates of Employment	Employer Name & Address	Salary	Position/Type of Work	Reason for Leaving

Skills & Abilities

Professional Licenses: _____

Certifications (type): _____

Computer Skills & Operating Systems: _____

Data Entry/Typing (keystrokes/words per minute): _____ Billing Accounting Analytical Skills

Administrative Support Customer Service Telemarketing Other _____



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Education

Name and Address		Course of Study	Circle last year completed	Did you Graduate?	Diploma /Degree
High School			1 2 3 4		
College Prep			1 2 3 4		
College			1 2 3 4		
College -other			1 2 3 4		
Technical, Business or Professional			1 2 3 4		

References

Please list any references we may contact that can provide employment qualifications information:

Name	Professional Relationship	Phone No.

May we contact your current manager? Yes No If "Yes" contact info: _____

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within 5 years from the date of this application, or, released from incarceration within the last 5 years? Yes No.

Are you currently excluded from federally funded health care programs pursuant to Section 1128 and 1156 of the Social Security Act? Yes No.

By signing this application, I understand it does not represent a contract of employment, nor does any interview I may receive. I further acknowledge that if employed by Spectrum Medical Group, my employment may be terminated at any time, with or without knowledge and for any reason, at the option of the Company or myself. I am legally allowed to work in the United States as a citizen of the U.S.A., or eligible in accordance with the Immigration Reform and Control Act of 1986. (Proof of citizenship or immigration status will be required upon employment.)

I attest that to the best of my knowledge, all information I have supplied in this application is true and factual. If it is discovered that I have falsified or misrepresented any information, I may be subject to disqualification from any hiring opportunities and subject to termination if I have become employed by the Company. I authorize Spectrum Medical Group to investigate my references and background as it pertains to my qualifications for employment.

Signature _____ Date _____

(Employment applications are retained for a minimum of one year from the date of this application.)