



Midlands Clinic, PC
705 Sioux Point Road, Suite 100
Dakota Dunes, SD 57049
Tele: 605-217-5500 Fax: 605-217-5515

Employment Application

Applicant Information

Full Name: _____ Date: _____

Address: _____ *Street Address* _____ *Apartment/Unit #* _____

City _____ *State* _____ *ZIP Code* _____

Phone: _____ Email _____

Position Applied for: _____ Full time: _____ Part time: _____

Date Available: _____ Social Security No.: _____

Have you ever applied with us before? YES NO Can you travel if a job requires it? YES NO

Are you currently employed? YES NO May we contact your present employer? YES NO

Are you a citizen of the United States? YES NO Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of a felony?

If yes, explain: _____

Previous Employment

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Employer: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$_____ Ending Salary: \$_____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Specialized Skills

Indicate any foreign language you can speak, read, and/or write: _____

Do you have experience with Allscripts Medical Software? _____

Describe any specialized training, apprenticeship, certifications, and/or skills: _____

Education

High School: _____ Address: _____

Years Completed: _____ Did you graduate? YES NO Diploma/Degree: _____

College: _____ Address: _____

Years Completed: _____ Did you graduate? YES NO Degree/Major: _____

Other: _____ Address: _____

Years Completed: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Disclaimer and Signature

It is the policy of The Midlands Clinic, P.C. to recognize the rights of all employees and applicants as individuals to fair and equal treatment. The Clinic seeks to employ individuals for available positions who are qualified on the basis of merit and ability alone. The Clinic insures equal employment opportunity in all of its policies and practices.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is for an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____ Date: _____