



P.O. Box 1121
Roseburg, Oregon 97470
Fax: (541) 673-5642
Web: www.south-river.org

APPLICATION FOR EMPLOYMENT

SouthRiver considers applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Name: _____ Social Security #: _____ - _____ - _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: _____ Cell/Other Phone: _____

E-mail: _____

Position(s) applied for: _____ Date of application: ____/____/____

Referral Source (please check the appropriate category and name the source.)

- | | |
|--|--|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School/Other _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Staff Agency _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Government Agency _____ |

Have you ever been employed here before?

Yes No

If **yes**, give dates: From ____/____/____
To ____/____/____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizen ship or immigration status will be required upon employment.* Yes No

Date available for work ____/____/____

What is your desired salary? \$ _____

Type of employment desired: Full Time Part Time Temporary

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)? Yes No Need more information about the job's essential functions in order to respond.

Applicants who are offered a position with our company are required to complete a criminal history application. Certain crimes may disqualify an otherwise qualified applicant for a position. All offers of employment are contingent upon passing a criminal history check and passing a drug screen.

Do you have a professional license? Yes No
 If **yes**, please provide the type and number: _____

Do you have a DEA license? Yes No
 If **yes**, please provide the number: _____

Are you Board Certified? Yes No
 If **yes**, which Board: _____

OR

Are you Board Eligible? Yes No

Do you have an NPI number? Yes No
 If **yes**, please provide number: _____

Have you ever had any disciplinary action taken against your license? Yes No
 If **yes**, please provide dates and details: _____

Have you entered into an agreement (such as non-competition agreement) with any former employer or other party that might in any way, restrict your ability to work for our clinic?
 Yes No
 If **yes**, please explain: _____

Explain on a separate sheet any gaps in employment of more than one month.

EMPLOYMENT HISTORY

Starting with your most recent employer, please provide the following information.

Employer _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Job Title _____

Immediate Supervisor/Title _____ May we contact for reference?
 (for last position held) Yes No Later

Why did you leave? _____

Month Year to Month Year
 Dates employed: _____ / _____ / _____

Starting Compensation

Hourly Salary \$ _____ per _____

Bonus/Other Compensation \$ _____

Final Compensation

Hourly Salary \$ _____ per _____

Bonus/Other Compensation \$ _____

Summarize the type of work performed and job responsibilities:

Employer _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Job Title _____

Immediate Supervisor/Title _____ May we contact for reference?
 (for last position held) Yes No Later

Why did you leave? _____

Month Year to
 Dates employed: _____ / _____ / _____

Starting Compensation

Hourly Salary \$ _____ per _____

Bonus/Other Compensation _____

Final Compensation

Bonus/Other Compensation \$ _____

Summarize the type of work performed and job responsibilities:

Employer _____ Phone # _____ Street Address _____ City _____ State _____ Zip _____ Job Title _____ Immediate Supervisor/Title _____ May we contact for reference? (for last position held) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Why did you leave? _____ _____	Month Year to Month Year Dates employed: _____ / _____ / _____ <p style="text-align: center;">Starting Compensation</p> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Bonus/Other Compensation \$ _____ <p style="text-align: center;">Final Compensation</p> <input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ _____ per _____ Bonus/Other Compensation \$ _____
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Summarize the type of work performed and job responsibilities:

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

Organization	Offices Held

Please list three references and their contact information (phone and email):

List special accomplishments, publications, awards, certifications, etc.

EDUCATION	Name and Location of School	Month/Year to Month/Year	Degree Received	Subjects Studied /Major
College or University				
Graduate School				
Medical/Dental School				

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. 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 45 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 of 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 of Applicant

Date

PERSONNEL DEPARTMENT USE ONLY

Schedule Interview Yes No

General Comments:
