Brenham Family Practice and Obstetrics 601 Medical Parkway, Suite D Brenham, Texas 77833 Phone 979-836-2822 Fax 979-836-2822 Application for Employment

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

Personal Information - Please t	onal Information -Please type or print in ink-		Date:	
Name:				
Last	FIISL	Mid	ldle Initial	
Present Address:		0	7: 6.1	
Street	City	State	Zip Code	
Permanent Address: Street	City	State	Zip Code	
Home Phone:	Messa		Zip Code	
Employment Desired:				
l st Choice:		Desired Wage \$	per	
2 nd Choice:		Desired Wage \$	per	
Date available for work: Are you	ı willing to work overtime as requ	ired? θ Yes θ No		
Full-time? θ Part-time? θ PRN? θ If Part-	time or PRN, specify hours or day	/S:		
Do you have any commitments to another em	iployer that might affect your emp	oloyment with us?		
Have you ever applied to this company before	e? θ Yes θ No When?			
Have you worked for this company?				
θ Yes θ No If Yes, Position:	Dept.	Da	tes:	
Have you ever been discharged from employr	nent or asked to resign? θ Yes θ	No		
If so, please explain:				
Referred by: θ Employee (name)	θ Newspaper (Which Paper?)			
θ Internet Advertisement:	θ Walk-in θ (θ Walk-in θ Other:		
General Information				
Can you, after employment, submit verifi	cation of your legal right to wo	ork in the United Stat	tes? θ Yes θ No	
Can you perform the essential functions	of the job with or without acco	ommodations?	θ Yes θ No	

Education

	Name and Location of School	Circle Last Year Completed	Did you Graduate?	Subjects Studied and Degree(s) Received
High School		1 2 3 4	θ Yes θ No	
College		1 2 3 4	θ Yes θ No	

Trade, Business, Correspondence or	1 2 3 4	θ Yes θ No	
Graduate School			

Work Experience (List your last three o	employers,	startin	g with present or most recent)			
EmployerTelephone number						
Address (Street)			_			
Dates From To			_ Starting Pay l	Ending Pay _.		
Duties:						
Reason for leaving:						
May we contact this employer for a referenc	e? θ Yes	θ Νο	If no, why not?			
Employer	Telephone number					
Address (Street)					(Zip code)	
Dates FromTo				Ending Pay		
Duties:						
Reason for leaving:						
May we contact this employer for a referenc						
Employer			Telephone num	ıber		
Address						
(Street)			• • • • • • • • • • • • • • • • • • • •		, - ,	
Dates From To				Ending Pay _.		
Duties:						
Reason for leaving:						
May we contact this employer for a referenc						
Experience and Skills: Check any of the	S		you have a working knowledge:			
	YES	NO			YES	NO
Typing (W.P.M.	_) θ	θ	Set up and assist with minor sur	gery	θ	θ
Filing	θ	θ	Cash Handling/Balancing		θ	θ
High Volume Phones	θ	θ	Perform venipunctures		θ	θ
Scheduling appointments on computer	θ	θ	Urinalysis by dipstick		θ	θ
Know medical terminology	θ	θ	Blood Draws		θ	θ
CPT coding	θ	θ	Give injections		θ	θ
Computer billing	θ	θ	Give injections		θ	θ

Account collections	θ	θ	Scheduling test with outs	ide facilities	θ	θ
Insurance processing	θ	θ	Preparing patients for sur	gery	θ	θ
Bilingual	θ	θ	Recovering patients from	surgery	θ	θ
Other:	θ	θ				
Professional Licenses/Certification						
Туре	State	2	Expiration Date	Registration	n Number	
References: List three individuals w	ho have knowledge	of you	r work ethic, experience, and	ability.		
·		-	history section or individuals		you)	
3.7	Address Business Pho			Occupation		
Name	Addı	ress	business Pii	one (occupation	
1.	Addi	ress	business Fii	one (Secupation	
1. 2.	Addi	ress	Dusiness Pil	one C	Secupation	
	Addi	ress	Dusiness Pil	one C	Occupation	
1. 2. 3.	Addi	ress	Dusiness Pil	one C	Occupation	
1. 2. 3. Criminal Record Information						
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2. 3. Criminal Record Information Have you been convicted of any law (Exclude minor traffic violations).	violations within tl θ Yes θ No	he last	seven years? Include any pla	ea of "guilty" or " r	no contest".	
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1. 2. 3. Criminal Record Information Have you been convicted of any law (Exclude minor traffic violations). If yes, please describe below: (A con Authorization to do Background I give consent to Brenham Family	violations within the Yes θ No viction record will check through Practice to run a	he last l not no ı Texa ı back	seven years? Include any ple ecessarily disqualify an appli as Department of Public S ground check through the	ea of "guilty" or " r cant for employm Saftey: Texas Dept. of	no contest".	ey.
Criminal Record Information Have you been convicted of any law v (Exclude minor traffic violations). If yes, please describe below: (A con Authorization to do Background	violations within the Yes θ No viction record will check through Practice to run a	he last l not no ı Texa ı back	seven years? Include any ple ecessarily disqualify an appli as Department of Public S ground check through the	ea of "guilty" or " r cant for employm Saftey: Texas Dept. of	no contest".	ey.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that my responses to the above questions are true, and I understand that any misrepresentation or omission of facts may disqualify me from employment or constitute grounds for termination. I authorize Brenham Family Practice and Obstetrics to investigate all statements and references contained in my application/resume. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-employment drug screen as a condition of employment.

I understand that Brenham Family Practice and Obstetrics follows an "employment at will" policy, which means that either Brenham Family Practice and Obstetrics or I am free to terminate employment with or without cause and with or without notice, at any time. I understand that the terms and conditions of my employment may be changed, with or without notice, by Brenham Family Practice and Obstetrics. I understand that no representative of , Brenham Family Practice and Obstetrics other than an officer, has the authority to enter into any contract or agreement and then only if the commitment is a signed written document.

Signature	Date