

Aurora Medical Services – Stadter Complex APPLICATION FOR EMPLOYMENT

PLEASE COMPLETE APPLICATION IN FULL

| | | | | |
|-----------------|-------------------|---------------------|---------------------|----------|
| LAST NAME | FIRST NAME | MIDDLE NAME | DATE OF APPLICATION | |
| CURRENT ADDRESS | CITY | COUNTY | STATE | ZIP CODE |
| EMAIL | HOME PHONE () | MOBILE PHONE () | | |

Can you provide proof, if hired, that you are eligible to work in the United States? Yes No

Have you ever been found guilty of, pled guilty to, or pled no contest to a crime or offense, including minor traffic violations?
 Yes No

If yes, please explain _____
 (Any individual who has been found guilty of, pled guilty to, or pled no contest to a crime may still be considered for employment, but the offense will be examined in terms of the individual's ability to meet job requirements)

How did you learn about this opening? (circle one) Newspaper Web-site Friend Job Service Other

| Position(s) Desired | Company | MARK ALL THAT APPLY | |
|---------------------|----------------------------------|---|---|
| Title _____ | ____ Medical Business Services | Type of Employment ____ Full-time | Work Schedule/Shift ____ Days |
| Title _____ | ____ Stadter Center | | |
| Title _____ | ____ Center for Psychiatric Care | ____ Part-time | ____ Evenings |
| | ____ Aurora Clinic | ____ Flex-time | ____ Nights |
| | ____ Aurora Lab | | Hours Available _____ |
| | ____ Aurora Urgent Care | | |

Current Salary: _____ Minimum Salary Requirement: _____ Date Available to Work _____

Check all that you have experience with: Computer _____ Office Equipment _____ Phone Systems _____

Have you graduated from High School or completed the GED equivalent? Yes No
 List all degrees that you have received. List your HIGHEST DEGREE FIRST. **DO NOT** list degrees that you are currently working toward.

| MAJOR | DEGREE | SCHOOL | GRADUATION DATE |
|-------|--------|--------|-----------------|
| | | | |
| | | | |
| | | | |

Are you currently enrolled in college? Yes No Last year attended: _____ Major: _____
 Check last level of higher education completed: Undergraduate: Freshman Sophomore Junior Senior
 Graduate: 1st Year 2nd Year 3rd Year 4th Year

Do you have the necessary license for the position in which you are applying: Yes No N/A
 List all professional licenses, registrations, and certifications

| Lic / Reg / Cert Type | License # | State | Expiration Date |
|-----------------------|-----------|-------|-----------------|
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Do you have any pending restrictions and/or suspensions on your current professional license/registration that would limit your ability to perform in this position: Yes No

Have you ever been refused professional licensure, or had a license/registration encumbered, suspended, or revoked? Yes No

If Yes, please explain: _____

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EMPLOYMENT HISTORY

Starting with your most recent employment, give a complete record of your employment for the past seven years. NOTE: If additional space is needed for your employment record, please attach a separate sheet.

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|--|---------|---|-------|----------|-----------------------------|-------------------------|
| COMPANY NAME | ADDRESS | CITY | STATE | ZIP CODE | AREA CODE/PHONE () | |
| TYPE OF BUSINESS | | SUPERVISOR'S NAME, TITLE & PHONE NUMBER | | | DATE EMPLOYED MO. YR. | DATE LEFT MO. YR. |
| TITLE AND DUTIES | | | | | | |
| REASON FOR LEAVING | | IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY | | | FINAL SALARY | |
| MAY WE CONTACT YOUR CURRENT EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please indicate why: _____ | | | | | | |

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|--------------------|---------|---|-------|----------|-----------------------------|-------------------------|
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| REASON FOR LEAVING | | IF YOUR EMPLOYMENT RECORDS EXIST UNDER ANOTHER NAME, PLEASE SPECIFY | | | FINAL SALARY | |

REFERENCES All references must be work-related. Please include **current or former supervisor, current co-worker, and former co-worker.**

| Name | Occupation or Title | Company Name and Address (Include city, state, and zip) | Phone Number | Relationship |
|------|---------------------|--|--------------|--------------|
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Verification of Accuracy of Information

I certify that the information I provided in this application is complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of facts in this application disqualifies me from further consideration, or, if I am employed, is sufficient cause for termination.

Release of Information

I authorize Medical Business Services (MBS) to investigate all statements contained in this application and understand that I may be required to provide verification (diploma, license, transcripts, etc.) of information contained in this application. I authorize any and all persons, companies or agencies to release to MBS any and all information they may have which is relevant to the hiring process. I also release all such parties from any liability that may result from furnishing information to MBS.

Pre –Employment Process

I understand that any employment offer is contingent upon the following: (1) producing documents establishing my eligibility to work in the United States; (2) criminal background and reference checks; and (3) complying with MBS' pre-employment application and interview process. If hired, I understand that I am employed at-will and this application does not create an employment contract either expressed or implied.

By signing below, I acknowledge that I have read the above information and understand MBS' pre-employment process, including the need for accurate employment and education history and a release of information.

NAME: _____ DATE: _____

Medical Business Services gives all applicants for employment equal consideration regardless of race, color, gender, religion, national origin, age, sexual orientation, marital status, disability, or political affiliation. The decision to hire an applicant is based solely on individual qualifications that meet the job requirements.