

The Care You Need At A Cost You Can Afford

1. PERSONAL INFORMATION							
Name: First	Middle I.		Last	/	Social Securit	v Number	
	Wilddie I.	-	Lasi		Social Securit	y Nulliber	
Present Address:	Street		City		State		Zip
Permanent Address:							
	Street		City		State	,	Zip
Home (message) Telephone:		Bu	siness T	Celephone:			
Have you previously applied for wo	ork with this company?	Yes	No	If yes, 1	month and year: _		
Have you previously been employed	d with this company?	Yes	No	Title:]	Dates:	
Under what name (if different) have	e you previously applied or	been en	ployed:	:			
Do you have any relatives employe	d by this company? Yes	No	Nan	ne:	Relati	onship:	
If hired, can you present evidence of U.S. Citizenship or proof of legal right to live and work in this country? Yes No Are you age 18 or older? Yes No Have you ever been convicted of a felony or, within the last two years, a misdemeanor which resulted in imprisonment? Yes No (A conviction will not necessarily disqualify you.) Please explain the circumstances of the conviction:							
2. POSITION DESIRED (List no m FOR WHAT POSITION OR TY)		APPLYIN	1G?		ARE YOU INTER Check as many as Full-Time Part-Time	s apply)	Ĩt
Minimum salary required:					Temporary	Night Sh	ift
Date Available:			Will	you work	overtime if neces	sary? Ye	es No

3. EDUCATION	Name and Location of School	Subject Studies	Graduate? (Yes/No)	Years/Units Completed	Degree Held
High School					
College					
Trade/Business School					

4. SKILLS

Bookkeeping
Central Supply
Data Entry (KSPH)
Insurance Billing (List types)

Legal Terminology			
Medical Claims Pro	ocessing		
Medical Coding	ICD-9	CPT	RVS

Dental Terminology

Medical Terminology Pharmacy Terminology Phone Multiline (# of lines) _____ Ten Key Touch Sight

Typing (WPM) ______ Word Processing Systems _____

Other _____

	r a position requiring a current valid license, co e box and complete this section.)	omplete the following:	
RN	COURIER	OTHER	
LVN	PHARMACIST/TECH.		
SALES	X-RAY TECH.		
Current Professional Reg	gistration, License or Certification, or Driver's I	License if applicable:	
Туре	Status	Number	Expiration Date
C C		Number	Expiration Date
Туре		Number	Expiration Date

6. EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT FOR THE PAST TEN YEARS (ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT). This section must be completed even if attaching a resume. Please complete in full the telephone numbers, addresses and names of supervisors. Attach additional pages as necessary.

PRESENT EMPLOYER	PLEASE PRINT IN INK OR TYPE
Present or most recent position:	EMPLOYED
Employer:	From: Mo Yr To: Mo Yr
Address:	Total Yrs Mos
Street City State Zip	
Name and Title of Most Recent Supervisor:	Base Pay Start: End:
	Other Compensation Commissions, Bonus, etc
Starting Position Title and Duties:	If you are a final candidate for a
Reason for Leaving or Seeking New Employment:	position within our company, may we contact your present employer? Yes No

1ST PREVIOUS EMPLOYER

Employer:				EMPLOYED
Address: Street		State	Zip	From: Mo Yr To: Mo Yr Total Yrs Mos
Name and Title of Most Recent Supervisor:				
Position Title and Duties:				Base Pay Start: End:
Reason for Leaving or Seeking New Employ	ment:			Other Compensation Commissions, Bonus, etc

2ND PREVIOUS EMPLOYER

	Street			7:-	EMPLOYED From: Mo. Yr. To: Mo. Yr. Total Yrs. Mos.
	Street	City	State	Zip	
	Most Recent Supervisor: Duties:				Base Pay Start: End:
Reason for Leaving	g or Seeking New Emplo	oyment:			Other Compensation Commissions, Bonus, etc

3RD PREVIOUS EMPLOYER

Employer:				EMPLOYED
Address: Street	City	State	Zip	From: Mo Yr To: Mo Yr Total Yrs Mos
Name and Title of Most Recent Supervisor:				Base Pay
Position Title and Duties:				Start: End:
Reason for Leaving or Seeking New Employ	ment:			Other Compensation Commissions, Bonus, etc

7. REFERENCES

(Give names of three persons, not related to you, who you have known for at least one year.)

Name	Relationship	Daytime Telephone	Years Known

8. ACTIVITIES/EXPERIENCES

List any activities, experiences, achievements, or other special skills not mentioned elsewhere that relate to the position(s) for which you are applying (e.g., computer languages, computer hardware, software packages, microcomputers, machine/ equipment familiarity, etc.

9. AUTHORIZATION AND ACKNOWLEDGMENT

Please Read Carefully and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

If I am employed and my employment is subsequently terminated, and I contend that such termination was wrongful or otherwise in violation of the conditions of employment or was in violation of any express or implied condition, term or covenant of employment, whether founded in fact or in law, including but not limited to the covenant of good faith and fair dealing, or otherwise in violation of any of my rights, I and Employer agree to submit any such matter to binding arbitration pursuant to the provisions of Title 9 of Part III of the California Code of Civil Procedure, commencing at Section 1280 st seq. or any successor or replacement statutes. I and Employer further expressly agree that in any such arbitration, my exclusive remedies for violation of the terms, conditions or covenants of employment shall be limited to a sum equal to the wages I would have earned from the date of any discharge until the date of the arbitration award. I understand that I shall not be entitled to any other remedy, at law or in equity, including but not limited to reinstatement and/or injunctive relief.

I understand that I am required to abide by the policies and guidelines established by the Company.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I certify that I have read, understand and agree to the above information and to the best of my knowledge and belief, the information on this application form is true and correct.

Applicant Signature

Date



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AFFIRMATIVE ACTION QUESTIONNAIRE

Name:				Position:		
	First	Middle	Last			
Date:				Posting #		
				(if available)		

To assist us in our Affirmative Action Efforts and to help us comply with federal record-keeping, reporting and other legal requirements, we request the following information.

This questionnaire is NOT a part of the employment process. Its completion is entirely voluntary on your part. Your cooperation in assisting us is appreciated.

I agree to	o provide	the requested	information.
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I do not wish to provide the requested information.

GENERAL INFORMATION				
Sex: Male Female	Address:	State		
Date of Birth:	Social Security #:			
	(F) Self Referral (G) Temporary Agency			
	ETHNIC ORIGIN (Please check appropriate box)			

Afro-American American Indian/Alaskan Native Asian/Pacific Islander Caucasian Hispanic Other ____

VETERAN AND DISABLED IDENTIFICATION Please check appropriate box(es) Vietnam Era Veteran (Anyone who served on active duty in the Armed Forces of the U.S., and any part of which occurred between 8/5/64 Disabled Veteran (30% disability or more) Forces of the U.S., and any part of which occurred between 8/5/64 Disabled Veteran (30% disability or more) or or anyone discharged from active duty for a service connected disability Disabled if any part of the active duty occurred between 8/5/64 and 5/7/75.) Disabled