

# Cedar Valley Medical Specialists, PC

4150 Kimball Avenue / P.O. Box 2758  
 Waterloo, IA 50704-2758  
 Phone: 319-235-5390 Fax: 319-287-9249

An Equal Opportunity Employer

**Please Print Clearly**

**PERSONAL INFORMATION:** DATE: \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. No. **XXX / XX /** \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Have you ever been charged /arrested for a crime other than a minor traffic violation? \_\_\_\_\_ If yes, explain  
 \_\_\_\_\_

**Positions Applied For (Check those applicable):**

<p><b>Clerical:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Accounts Receivable</li> <li><input type="checkbox"/> Accounts Payable</li> <li><input type="checkbox"/> Transcription</li> <li><input type="checkbox"/> Secretary</li> <li><input type="checkbox"/> Front Desk Specialist</li> <li><input type="checkbox"/> File Clerk</li> <li><input type="checkbox"/> Courier</li> </ul>	<p><input type="checkbox"/> Full Time      <input type="checkbox"/> Part Time</p> <p><b>Clinical:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> LPN</li> <li><input type="checkbox"/> RN</li> <li><input type="checkbox"/> X-Ray</li> <li><input type="checkbox"/> Physician Assistant</li> <li><input type="checkbox"/> CMA</li> <li><input type="checkbox"/> All Other Technicians</li> </ul>
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Check each item in which you have training:     Typing wpm \_\_\_\_\_     Transcription wpm \_\_\_\_\_

CPR/BLS (Last Date) \_\_\_\_\_     ACLS (Last Date) \_\_\_\_\_     Other \_\_\_\_\_

Calculator     Computer Programs \_\_\_\_\_

When would you be available to begin work? \_\_\_\_\_

Are you available to work:    Overtime:     Yes     No    Weekends:     Yes     No

Evenings:     Yes     No    Shifts:     Yes     No

**EDUCATION**

Type of School <small>(list high school, college, voc., military)</small>	Name & Address of School	Date		Graduated		Diploma, Degree or Certification	Major & Minor Fields of Study
		From:	To:	Yes	No		

Diploma, Degrees and/or Certifications: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List Employment and Business Experience (include Volunteer, Intern, Summer or Prior U.S. Military)

Current Employer _____ Phone No. _____ Address _____ Supervisor _____ Dates: From _____ To _____ Base Earnings: _____ Duties: _____ Reason for Leaving: _____
Previous Employer _____ Phone No. _____ Address _____ Supervisor _____ Dates: From _____ To _____ Base Earnings: _____ Duties: _____ Reason for Leaving: _____
Previous Employer _____ Phone No. _____ Address _____ Supervisor _____ Dates: From _____ To _____ Base Earnings: _____ Duties: _____ Reason for Leaving: _____
Previous Employer _____ Phone No. _____ Address _____ Supervisor _____ Dates: From _____ To _____ Base Earnings: _____ Duties: _____ Reason for Leaving: _____
<b>Business References (List 3 -- i.e. supervisor, instructor, co-workers)</b> Name: _____ Phone No: _____ Job Title: _____ Name: _____ Phone No: _____ Job Title: _____ Name: _____ Phone No: _____ Job Title: _____

May we contact your present employer: Yes No    May we contact your past employers: Yes No

1. The information I have provided on this application is accurate to the best of my knowledge and subject to validation by Cedar Valley Medical Specialists, P.C.
2. Employment with Cedar Valley Medical Specialists, P.C. is for no stated period of time or duration and Cedar Valley Medical Specialists, P.C. or the employee may terminate the employment whenever either deems it best.
3. Cedar Valley Medical Specialists, P.C. is an "at will" employer, meaning that Cedar Valley Medical Specialists, P.C. reserves the right to end your employment at any time for any legal reason with or without notice or cause.
4. I understand that any false information, omissions or representations of facts called for in this application may result in rejection of my application or discharge at any time during my employment.
5. I authorize the company and/or it's agents to verify any of this information including but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement agencies to release any information regarding my background.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date of Signature**

Thank you for completing this application. You can be assured that our review of your job qualifications will be based solely on merit and a final determination reached as quickly as possible.

**PLEASE CHECK TO SEE THAT YOU HAVE ANSWERED ALL THE ABOVE QUESTIONS.**