



**CEDAR VALLEY MEDICAL SPECIALISTS, PC**

**4150 Kimball Avenue, PO Box 2758**

**Waterloo, IA 50704-2758**

**Ph: 319-235-5390 Fax: 319-287-9249**

Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

**Personal Information**

**Please print legibly**

Name \_\_\_\_\_ SSN XXX - XX - \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address \_\_\_\_\_

Are you legally eligible for employment in the United States? (If Yes, proof is required upon hire.)  Yes  No

Have you ever pleaded “guilty” or “no contest” to, or been convicted of a crime, other than a minor traffic violation?  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_

**Position Information**

Position applied for: \_\_\_\_\_ Are you applying for:  Full Time  Part-time

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed with Cedar Valley Medical Specialists PC?  Yes  No

If yes, list name employed under if different than current name: \_\_\_\_\_ Dates of previous employment: \_\_\_\_\_

Will you work the following if required? Overtime:  Yes  No Weekends:  Yes  No Evenings:  Yes  No

Computer programs proficient in: \_\_\_\_\_ EHR/EMR programs proficient in: \_\_\_\_\_

**CMA applicant only:** Do you have a current national certification?  Yes  No

Certification \_\_\_\_\_ OR \_\_\_\_\_  
AAMA or AMT NUMBER EFFECTIVE DATE EXPIRATION DATE If no, DATE OF EXAM

**Clinical only:** Do you have a license in the state of Iowa for the position being applied for?  Yes  No

License \_\_\_\_\_ OR \_\_\_\_\_  
LICENSE TYPE NUMBER EFFECTIVE DATE EXPIRATION DATE DATE APPLIED FOR

**Education**

Type of School	Name and City/State of School	Dates of Attendance (MM/YY-MM/YY)	Graduated? Y/N	Diploma, Degree or Certification Received	Major (and Minor, if applicable)
High School or GED					
College/ University					
Other: _____					

## Employment History

(include Volunteer, Intern and Military)

**Current Employer** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Duties \_\_\_\_\_ Base Earnings \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ May we contact your current employer:  Yes  No

**Previous Employer** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Duties \_\_\_\_\_ Base Earnings \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Employer** \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_ Duties \_\_\_\_\_ Base Earnings \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

## Business References

List four (4) professional references-(i.e. supervisor, instructor, co-workers)

**Name** \_\_\_\_\_ Years Known \_\_\_\_\_ Job Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Name** \_\_\_\_\_ Years Known \_\_\_\_\_ Job Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Name** \_\_\_\_\_ Years Known \_\_\_\_\_ Job Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Name** \_\_\_\_\_ Years Known \_\_\_\_\_ Job Title \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

## Acknowledgment and Release

1. I certify that the facts contained in this application (and accompanying documentation, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Cedar Valley Medical Specialists, PC (CVMS).
2. I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further understand and agree that if I am hired, my employment is without fixed term and at the option of either myself or CVMS and that my employment will be "at will" and may be terminated at any time by CVMS for any legal reason with or without cause and without prior notice.
3. I authorize the investigation of any or all statements contained in this application including background checks, OIG query and/or motor vehicle driving records by CVMS. I also authorize, whether listed or not, any persons, companies, organizations and/or education institutions to provide relevant information and opinions that may be useful in making a hiring decision. I hereby release such persons and organizations from any and all liability in making such statements and CVMS and its officers, employees and agents from any and all liability from damage which may result from obtaining, reviewing or considering such information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CVMS participates in E-Verify: See the E-Verify Notice (PDF): [Click Here](#)

Learn about the Right to Work law (PDF): [Click Here](#)

CVMS is an Equal Opportunity Employer: [Click Here](#)

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