



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

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.