

Application for Employment

Critical Access Billing, LLC is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position. All applications are considered active for six months.

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:
Street Address:		City, State & Zip:
Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?
May we contact your current Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you seeking Full Time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work:	Will you accept (circle) PRN PT Temp	Shift preference (circle) Any Day Evening Night Weekends
Have you ever been employed by Critical Access Billing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving:
Are you related to any current Critical Access Billing employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:
Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, please explanation:
How did you learn about this employment opportunity at Critical Access Billing? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) /Walk-in <input type="checkbox"/> Website <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee <input type="checkbox"/> Other:		

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			

LICENSES/CERTIFICATES: Please list all certifications and/or licenses that you currently have.

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: Critical Access Healthcare reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

EMPLOYMENT/PROFESSIONAL REFERENCES

Name:	How known?	No. of Years Known	Other Phone:
Name:	How known?	No. of Years Known	Other Phone:
Name:	How known?	No. of Years Known	Other Phone:

Critical Access Billing, LLC
Applicant acknowledgement and authorization

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any fact in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Critical Access Billing, LLC (hereinafter referred to as CAB) that such employment with CAB is at will, for no specified duration and may be terminated by either CAB or myself any time, with or without notice or cause. I understand that none of the documents, policies, procedures, actions and/or statements of CAB or its representatives used during the employment process is deemed a contract of employment real or implied.

In consideration for employment with CAB, if employed, I agree to conform to the rules, regulations, policies and procedures of CAB at all times and understand that such obedience is a condition of employment.

I understand that if offered a position with CAB, I will be required to a drug screening and a background check as a condition of employment. I understand that unsatisfactory results from, or refusal to cooperate with, or any attempt to affect the results of these pre-employment test and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to CAB and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damages that may result from providing such information.

I understand that this application is considered current for six (6) months. If I wish to be considered for employment after this period I must complete and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date