

**Stephenville Medical & Surgical Clinic, P.A.**  
**150 River North Blvd.**  
**Stephenville, Texas 76401**

**An Equal Opportunity Employer**

**Drug Free Workplace**

Applicants are considered for employment without regard to race, religion, color, sex, national origin, age, marital status, disability, veteran status, or any other status protected by law.

**Please print. You may attach a resume to provide additional information. However, we do request that you complete the entire application.**

**Date** \_\_\_\_\_ **Name** \_\_\_\_\_  
Last, First, Middle

**Home Address** \_\_\_\_\_  
Address City, State, Zip

**Home Telephone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

**Position Desired** \_\_\_\_\_  
Job Title

**Expected Earnings** \_\_\_\_\_ **Date Available to Start** \_\_\_\_\_

**Are you available to work full-time?**  Yes  No **Can your work overtime?**  Yes  No  
**List any days or times you are routinely unavailable to work** \_\_\_\_\_

**May we contact current employer?**  Yes  No

**Have you been an employee of SMSC in the past?**  Yes  No

**If yes, give position and dates of employment:** \_\_\_\_\_

**Please Check:** How were you referred to us?  
 Newspaper  Employment Agency  Friend/Relative  Walk in  
 Other  Employee Referral \_\_\_\_\_  
Name

**Age 18 years or older?**  Yes  No **Legally eligible to work in U.S.?**  Yes  No

Proof of eligibility and identity will be required upon employment.

**EDUCATION**

TYPE	NAME OF SCHOOL	LOCATION (CITY, STATE)	AREA OF CONCENTRATION (MAJOR)	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA, DEGREE OR CERTIFICATE RECEIVED
HIGH SCHOOL				1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE				1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
NURSING EDUCATION				1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION				1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
OTHER EDUCATION				1	2	3	4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SPECIAL SCHOOL OR TRAINING				BILINGUAL <input type="checkbox"/> YES <input type="checkbox"/> NO WHAT LANGUAGES?					
DID YOU SERVE IN THE U.S. ARMED SERVICES? BRANCH OF SERVICE?				<input type="checkbox"/> YES <input type="checkbox"/> NO					

**CLERICAL SKILLS**

- TYPING \_\_\_\_\_wpm
- WORD PROCESSOR
- CALCULATOR
- SWITCHBOARD
- ICD-9, CPT CODES
- 10-KEY
- MEDICAL TERMINOLOGY
- OTHER \_\_\_\_\_

**COMPUTER SKILLS**

- WORD PROCESSING – (NAME) \_\_\_\_\_
- EXCEL
- MICROSOFT WORD
- INTERNET
- POWERPOINT
- OTHER –(NAME) \_\_\_\_\_
- MEDICAL PRACTICE MANAGEMENT SOFTWARE (NAME) \_\_\_\_\_

**LIST OTHER SKILLS RELAVENT TO THIS POSITION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CLINICAL APPLICANTS– PLEASE REQUEST AND COMPLETE CLINICAL SKILLS ASSESSEMENT**

**PROFESSIONAL LICENSES AND/OR CERTIFICATIONS**

ARE YOU:	CURRENTLY:	<input type="checkbox"/> REGISTERED	<input type="checkbox"/> LICENSED	<input type="checkbox"/> CERTIFIED
	ELIGIBLE FOR:	<input type="checkbox"/> REGISTRATION	<input type="checkbox"/> LICENSURE	<input type="checkbox"/> CERTIFICATION
TYPE	STATE OR NATIONAL	DATE EXPIRES	NO.	
TYPE	STATE OR NATIONAL	DATE EXPIRES	NO.	

**WORK HISTORY – LIST MOST IMMEDIATE EMPLOYER FIRST**

**Employer** \_\_\_\_\_  
Name

**Address** \_\_\_\_\_  
Address City, State, Zip

**Phone** \_\_\_\_\_ **Type of Business** \_\_\_\_\_  
Area Code/ Number

**Position Held** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_  
Title Name/Title

**Dates of Employment** \_\_\_\_\_  
From To

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

**Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_  
\$ Per \$ Per

**Duties & Responsibilities** \_\_\_\_\_

**If you were employed there by a different name, please list:** \_\_\_\_\_

**Employer** \_\_\_\_\_  
Name

**Address** \_\_\_\_\_  
Address City, State, Zip

**Phone** \_\_\_\_\_ **Type of Business** \_\_\_\_\_  
Area Code/ Number

**Position Held** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_  
Title Name/Title

**Dates of Employment** \_\_\_\_\_  
From To

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

**Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_  
\$ Per \$ Per

**Duties & Responsibilities** \_\_\_\_\_

**If you were employed there by a different name, please list:** \_\_\_\_\_

**WORK HISTORY – Continued...**

**Employer** \_\_\_\_\_  
Name \_\_\_\_\_

**Address** \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Phone** \_\_\_\_\_ **Type of Business** \_\_\_\_\_  
Area Code/ Number \_\_\_\_\_

**Position Held** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_  
Title \_\_\_\_\_ Name/Title \_\_\_\_\_

**Dates of Employment** \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

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

**Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_  
\$ Per \_\_\_\_\_ \$ Per \_\_\_\_\_

**Duties & Responsibilities** \_\_\_\_\_

If you were employed there by a different name, please list: \_\_\_\_\_

**Employer** \_\_\_\_\_  
Name \_\_\_\_\_

**Address** \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Phone** \_\_\_\_\_ **Type of Business** \_\_\_\_\_  
Area Code/ Number \_\_\_\_\_

**Position Held** \_\_\_\_\_ **Immediate Supervisor** \_\_\_\_\_  
Title \_\_\_\_\_ Name/Title \_\_\_\_\_

**Dates of Employment** \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

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

**Starting Salary** \_\_\_\_\_ **Ending Salary** \_\_\_\_\_  
\$ Per \_\_\_\_\_ \$ Per \_\_\_\_\_

**Duties & Responsibilities** \_\_\_\_\_

If you were employed there by a different name, please list: \_\_\_\_\_

PROFESSIONAL REFERENCES -- List three people who know you on a professional basis and have firsthand knowledge of your work habits and/or work knowledge.

_____ Name	_____ Occupation	_____ Phone Number
_____ Address		_____ City, State, Zip
_____ Name	_____ Occupation	_____ Phone Number
_____ Address		_____ City, State, Zip
_____ Name	_____ Occupation	_____ Phone Number
_____ Address		_____ City, State, Zip

PERSONAL REFERENCE: List someone you have known for at least three years.

_____ Name	_____ Phone Number	
_____ Address		_____ City, State, Zip

## CRIMINAL HISTORY

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

If yes, date or dates of conviction(s) or plea(s): \_\_\_\_\_

State and county: \_\_\_\_\_

Describe circumstances: \_\_\_\_\_

*The Stephenville Medical & Surgical Clinic, P.A. reserves the right to check criminal background information on all applicants. We reserve the right to check criminal background information sources in Texas and other states. Please disclose all of the convictions or pleas that have been requested. **Convictions and pleas do not automatically disqualify an applicant from employment.** We will consider relevant factors including the nature of the violation, seriousness, time elapsed and relevance to the position for which you have applied.*

I understand that if employed at Stephenville Medical and Surgical Clinic or its entities, any misrepresentation or material omission made by me on this application will be sufficient cause for immediate dismissal.

Stephenville Medical and Surgical Clinic, P.A. does not unlawfully discriminate in employment. And there is no question on this application is for the purpose of limiting an applicant from consideration for employment on a basis prohibited by local, state or federal law. It is the policy of Stephenville Medical and Surgical Clinic, P.A. to provide reasonable accommodation during the application and interview process for an applicant with a disability, if requested. It is also the policy of Stephenville Medical and Surgical Clinic, P.A. to provide reasonable accommodation during employment for a qualified individual with a disability if requested.

I understand that nothing in this application, or any other communications whether written or oral is intended to create a contract of employment or contractual rights. I understand and agree that if I am hired by Stephenville Medical and Surgical Clinic, P.A. or its entities, my employment will be at-will, for an indefinite term and may be terminated with or without cause at any time at the option of Stephenville Medical and Surgical Clinic, P.A. or myself. I also understand that no one has the authority to enter into any oral or written agreement, contract or modification of my at-will employment status unless such agreement, contract or modification is in writing and signed by Clinic Administrator or President of the Board of Directors.

I understand that in the event I am offered employment at SMSC, I will be required to submit to and pass a drug screen as a condition of employment. I will also be required to submit to a TB test. In the event my TB test is reactive, I will be required to provide a physician's statement that I am free of active TB.

If I am employed by Stephenville Medical and Surgical Clinic, P.A., I agree to follow and abide by established rules, policies and procedures as a condition of employment.

### DISCLOSURE:

**Stephenville Medical & Surgical Clinic PA discloses to you that a consumer report, including an investigative consumer report containing information as to your character, general reputation, personal characteristics and mode of living, may be obtained for employment purposes as part of the pre-employment background investigation and at any time during your employment. Should a consumer report and/or an investigative consumer report be requested, you have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act.**

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE INFORMATION.

I certify that all the information provided on this application is accurate and that I have read, fully understand and accept the terms stated above.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date