



**SISKIYOU COMMUNITY HEALTH CENTER**

1701 NW Hawthorne Ave., Suite 201  
Grants Pass, Oregon 97526  
Phone: 541.955.6053  
Fax: 541.471.9242

**PROVIDER APPLICATION  
FOR EMPLOYMENT**

Siskiyou Community Health Center is an alcohol and drug-free workplace and an Equal Opportunity Employer. Offers of employment are contingent upon the successful completion of drug and background screenings. Please note we follow Federal Guidelines regarding prohibited substances, even for those legal at state level. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_ Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referral Source** (please check the appropriate category and name the source.)

- Walk-in \_\_\_\_\_
- School/Other \_\_\_\_\_
- Employee \_\_\_\_\_
- Staff Agency \_\_\_\_\_
- Advertisement \_\_\_\_\_
- Government Agency \_\_\_\_\_

Have you ever been employed here before?

Yes  No

If **yes**, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_  
To \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in this country?

Yes  No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary? \$ \_\_\_\_\_

Type of employment desired:

Full Time  Part Time  Temporary

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

Yes  No  Need more information about the job's essential functions in order to respond.

Do you have a professional license?  Yes  No

If **yes**, please provide the type and number: \_\_\_\_\_

Do you have a DEA license?  Yes  No

If **yes**, please provide the number: \_\_\_\_\_

Do you have an NPI number?  Yes  No

If **yes**, please provide number: \_\_\_\_\_

Have you ever had any disciplinary action taken against your license?  Yes  No

If **yes**, please provide dates and details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you Board Certified?  Yes  No

If **yes**, which Board: \_\_\_\_\_

**OR**

Are you Board Eligible?  Yes  No

Have you entered into an agreement (such as non-competition agreement) with any former employer or other party that might in any way, restrict your ability to work for our clinic?

Yes  No

If **yes**, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Explain on the back side of this form, any gaps in employment of more than one month.**

## EMPLOYMENT HISTORY

**Starting with your most recent employer, please provide the following information.**

Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title \_\_\_\_\_  
Immediate Supervisor title \_\_\_\_\_ May we contact for reference?  
(for last position held)  Yes  No  Later  
Why did you leave? \_\_\_\_\_

Month Year to Month Year  
Dates employed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Summarize the type of work performed and job responsibilities:

Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title \_\_\_\_\_  
Immediate Supervisor title \_\_\_\_\_ May we contact for reference?  
(for last position held)  Yes  No  Later  
Why did you leave? \_\_\_\_\_

Month Year to Month Year  
Dates employed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Summarize the type of work performed and job responsibilities:

Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title \_\_\_\_\_  
Immediate Supervisor title \_\_\_\_\_ May we contact for reference?  
(for last position held)  Yes  No  Later  
Why did you leave? \_\_\_\_\_

Month Year to Month Year  
Dates employed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Summarize the type of work performed and job responsibilities:

## RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong?

Organization

Offices Held

Please list three peer references and their contact information:

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List special accomplishments, publications, awards, certifications, etc. \_\_\_\_\_

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EDUCATION	Name and Location of School	Month/Year to Month/Year	Degree Received	Subjects Studied /Major
College or University				
Graduate School				
Medical/Dental School				

## APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, and employees to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, résumé or job interview.

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for providing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without prior notice, except as may be required by law.

This application does not constitute an agreement or contract for employment for any specified period or definite duration.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that Federal Immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant

Date