

QUALITY COMMUNITY HEALTH CARE, INC.

Medical Staff and Allied Health Professional Application



This application should be typed or legibly printed in back or blue ink. Please answer all questions completely and fully. If a question is not applicable to you, please respond with N/A. Incomplete applications cannot be processed and this will delay the hiring process. QCHC considers all applicants without regard to race, color, religion, ancestry, national origin, gender, age, disability, or sexual orientation. QCHC is an Equal Opportunity Employer.

**NOTICE TO APPLICANTS: Screening tests for alcohol and illegal drugs is required before hiring and during employment.**

**APPLICATIONS NOT COMPLETED IN THEIR ENTIRETY WILL NOT BE CONSIDERED FOR EMPLOYMENT.**

APPLICANT INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Secondary #: \_\_\_\_\_

Do you have a valid driver's license? ☐ Yes ☐ No State/License #: \_\_\_\_\_

Have you ever applied or worked for QCHC, before? ☐ Yes ☐ No If yes, when? \_\_\_\_\_

Do you any friends or relatives working for QCHC? ☐ Yes ☐ No

If yes, state name and relationship \_\_\_\_\_

Do you have any relatives currently on QCHC Board of Directors? ☐ Yes ☐ No

If yes, state name and relationship \_\_\_\_\_

How did you hear about this opening? ☐ Advertisement ☐ Agency/School ☐ QCHC website ☐ walk-in

☐ Online Ad \_\_\_\_\_ ☐ Other \_\_\_\_\_ ☐ Employee \_\_\_\_\_

State briefly why you would like to work for Quality Community Health Care, Inc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Position applying for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Hourly/Salary Desired: \_\_\_\_\_

Full-time ☐ Part-time ☐ \_\_\_\_\_ # Hours Temporary ☐

**Please Check of Availability:** ☐ Weekends ☐ Holidays ☐ On-Call ☐ Nights ☐ Overtime

Days of week you are available to work: \_\_\_\_\_/Hours \_\_\_\_\_

\*Are you able to travel on company business? ☐ Yes ☐ No % of time willing to travel: \_\_\_\_\_

\*if required for the position you are seeking

Please read and initial each paragraph below (if there is any part of this page you do not understand, please ask the interviewer about it before signing).

I hereby authorize QCHC, Inc to thoroughly investigate my references, work records, education and other matters related to my employment and further, authorize my current and former employers to disclose to the QCHC any and all letters, reports and other information pertaining to my employment, without giving me prior notice of such disclosure. In addition, I hereby release my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. \_\_\_\_\_

I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drugs screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer. \_\_\_\_\_

If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that QCHC, Inc. may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment. \_\_\_\_\_

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between QCHC, Inc. and me. In addition, I understand and agree that if I am employed; my employment relationship with QCHC, Inc is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or QCHC, Inc., and that no promises or representations contrary to the forgoing are binding on QCHC, Inc. unless made in writing and signed jointly by the Executive Director and myself. \_\_\_\_\_

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or QCHC, Inc benefits, policies and procedures will not alter our at-will and arbitration agreements. \_\_\_\_\_

I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment. \_\_\_\_\_

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current valid Pennsylvania driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by QCHC, Inc. auto insurance, if required for my position. \_\_\_\_\_

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery. \_\_\_\_\_

*My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.*

Applicant's Name (please print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



Education/Training/Hospital Privileges (Must include month and year)					
Undergraduate/ Professional Training	Institution	Date of Entry	Graduation Date	Country	Degree
Medical School	Institution	Date of Entry	Graduation Date	Country	Degree
International Medical Graduates	Institution	Date of Entry	Graduation Date	Country	Degree
Internship	Institution	Date of Entry	Graduation Date	Country	Degree
Residency	Institution	Date of Entry	Graduation Date	Country	Degree
Fellowship	Institution	Date of Entry	Graduation Date	Country	Degree
Other Experience or Training (i.e., allied health, public service, or military)					
Institution _____		Type of Training Program _____			
City _____		State _____		Country _____ Date of Attendance _____	
Additional Information _____					
Office Skills					
<input type="checkbox"/> Typing _____ WPM <input type="checkbox"/> Shorthand _____ WPM <input type="checkbox"/> Accounting					
Software Knowledge/Job Related Skills (Such as, Foreign Languages, etc.)					
_____					
_____					
_____					
Professional Licensure/Certification					
This section must be completed by all medical and dental job applicants					
License /Certificates	State	Number	Date of Expiration		
Provider License(s)					
Federal DEA					
CDS/BNDD (If applicable)					
Board Certificate					
Medicare					
Medicaid					
Individual NPI					

### Employment History

Please complete all entries for Employment History – a resume cannot be substituted. Start with your present or last job.

Employer: Name and Address		Dates of Employment Start:                      End:	
Position		Salary/Rate of Pay Begin:                      Ending:	
Primary responsibilities			
Reason for leaving			
Supervisor Name		May we contact?	Supervisor Phone #
Employer: Name and Address		Dates of Employment Start:                      End:	
Position		Salary/Rate of Pay Begin:                      Ending:	
Primary responsibilities			
Reason for leaving			
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