



## EMPLOYMENT APPLICATION

Please complete the entire application.

### 1. Employer Information

Employer: True North Physician Services, LLC  
Address: 113 N Church St., Suite 316  
City/State/ZIP: Visalia, California 93291  
Telephone: (559) 429-4476

It is the policy of True North Physician Services, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status.

### 2. Applicant Information

Applicant Full Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_  
Mobile phone: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License (State/Number): \_\_\_\_\_

### 3. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

4. Job Position Applied For: \_\_\_\_\_

5. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_

7. If hired, are you able to submit proof that you are legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Are you able to perform the essential functions of the job position you seek with or without reasonable accommodation? \_\_\_\_\_ Yes \_\_\_\_\_ No

What reasonable accommodation, if any, would you request?

\_\_\_\_\_

9. Applicant's Skills

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience and circle the number which corresponds to your ability for each skill. (One represents poor ability, while five represents exceptional ability.)

| <u>Ability or Skill</u>   | <u>Years of Experience</u> | <u>Rating</u> |
|---|----------------------------|---------------|
| <input type="checkbox"/> Typing                                     | _____                      | 1 2 3 4 5     |
| <input type="checkbox"/> Microsoft Office Suite (Word, Excel, etc.) | _____                      | 1 2 3 4 5     |
| <input type="checkbox"/> Customer service                           | _____                      | 1 2 3 4 5     |
| <input type="checkbox"/> Medical Terminology                        | _____                      | 1 2 3 4 5     |
| <input type="checkbox"/> Electronic Medical Record Experience       | _____                      | 1 2 3 4 5     |
| _____   | _____                      | 1 2 3 4 5     |
| _____   | _____                      | 1 2 3 4 5     |

10. Applicant Employment History

List your current or most recent employment first. Please list all jobs (including self-employment and military service) which you have held, beginning with the most recent, and list and explain any gaps in employment. If additional space is needed, continue on the back page of this application.

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

#### 11. Applicant's Education and Training

College/University Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, degree(s) received: \_\_\_\_\_

High School/GED Name and Address

\_\_\_\_\_

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

Other Training (graduate, technical, vocational):

\_\_\_\_\_

Please indicate any current professional licenses or certifications that you hold:

\_\_\_\_\_

Awards, Honors, Special Achievements:

\_\_\_\_\_

#### 12. References

List any two non-relatives who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

13. Please provide any other information that you believe should be considered, including whether you are bound by any agreement with any current employer:

---

---

## **CERTIFICATION**

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize True North Physician Services, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to communicate information fully and freely regarding my previous employment, attendance, and grades. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of True North Physician Services, LLC, except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

---

APPLICANT SIGNATURE

---

DATE