The Clinic, The Women's Clinic & The Kids Clinic @Central Oklahoma Family Medical Center, Inc. is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, gender identity or military or veteran status in accordance with federal law. In addition, Central Oklahoma Family Medical Center, Inc. complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. The Clinic, The Women's Clinic & The Kids Clinic @Central Oklahoma Family Medical Center, Inc. also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

GENERAL

Full Name (First Middle Last)			Today's Date
Street Address	City	State	Zip
Home Phone Number	Mobile Phone Number	Other Phone Number	
Email Address		Expected Salary (Dollar amount only)	
How did you hear about this opening (i.e. list name, Facebook, Website, etc.)?			
What position you are applying for (be specific):		Date you are available to start?	

Are you over 18 years of age? ☐ YES ☐ NO
If NO, can you furnish a work permit ☐ YES ☐ NO

Have you ***applied*** for employment with us before:
☐ YES ☐ NO

Have you ever been employed with us before? ☐ YES ☐ NO

May we contact your current employer? ☐ YES ☐ NO

Are you available to work: ☐ FULL TIME ☐ PART TIME ☐ PRN

Can you travel if the job requires it? ☐ YES ☐ NO

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? ☐ YES ☐ NO

Are you related to a current employee or board member(past or present) of The Clinic, The Kids Clinic or other affiliates of Central Oklahoma Family Medical Center ? ☐ YES ☐ NO

If YES, Please specify: Name:_____
Relation:_____

Excluding minor traffic violations have you ever been convicted of, received a suspended imposition of sentence, or pleaded guilty or no contest to committing ANY CRIME? ☐ YES ☐ NO

If yes, please explain: _____

Are you currently authorized to work for all employers in the United States on a full time basis, or only for your current employer?
☐ All Employers ☐ Only Current Employer

Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status): ☐ YES ☐ NO

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, The Clinic & The KIDS Clinic will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

EDUCATION

(Use blank page for additional entries) MUST BE A HIGH SCHOOL GRADUATE OR POSSESS A GED

NAME OF SCHOOL (Include City and State of School)	**List Diploma or Degree Earned / Year Graduated**	**Legal Name While Attending (First Middle Last)**
NAME OF HIGH SCHOOL ATTENDED OR GED City/State:		
NAME OF COLLEGE ATTENDED City/State:		

OTHER City/State:		

LICENSE / CERTIFICATION

(Use a blank page for additional entries) (i.e. DRIVER LICENSE, MD, DO, LPN, RN, ARNP, CPR, BLS, BHCM II, RMA, CNA, MLT, Dental Asst, etc.)

Type of License	State Granting License	License Number and expiration date

WORK HISTORY

Complete for all *employment/unemployment* (**7 year history**), BEGINNING WITH MOST RECENT. (Use a blank page for additional entries)

Start Date:	End Date:	Company (Name, City/State, Phone)
Starting salary:	Ending Salary:	Job Title or Position Name:
Describe your job duties:		
Why were you terminated or why are you leaving this employer?		

Start Date:	End Date:	Company (Name, City/State, Phone)
Starting salary:	Ending Salary:	Job Title or Position Name:
Describe your job duties:		
Why were you terminated or why are you leaving this employer? May we contact this employer? (YES / NO):		

Start Date:	End Date:	Company (Name, City/State, Phone)
Starting salary:	Ending Salary:	Job Title or Position Name:
Describe your job duties:		
Why were you terminated or why are you leaving this employer? May we contact this employer? (YES / NO):		

REFERENCES		
List three references (No relatives please) PRINT CLEARLY		
REFERENCE NAME	**RELATIONSHIP**	**REFERENCE CONTACT INFORMATION (Mailing address is required for reference checks)**
		Phone: Mailing Address:
		Phone: Mailing Address:
		Phone: Mailing Address

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

During the application process and, if hired, during employment, I agree to participate (if so requested by the Company and as not prohibited by applicable law) in testing to determine whether employees are under the influence of controlled drugs or illegal substances. Such tests or examinations will be performed by qualified professionals selected by the Company.

My signature attests to the fact that the information that I have provided on my application, resume, given verbally, or provided on any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

The Company or its agents may seek to verify the information on this application. As such, I hereby authorize the Company or its agents to contact any former employer or any representative of any other organization to which I have made reference in this application, and I hereby authorize said employer and/or representative to provide information to the Company on my behalf.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.

This application will remain active for 90 days. All applications older than 90 days will be archived and all applicants must reapply for any vacancies. If the applicant is applying for multiple positions an application is required for each position.

I understand that any start date offered for employment will be contingent on satisfactory completion of pre-employment, which includes drug screening and background checks. If you do not pass these steps of pre-employment based on the policies of The Clinic, we have the option to resend any offer at any time prior to your first day. If for any reason one of the required pre-employment reports has not been received, we reserve the right to adjust your start date.

I understand that Centers for Medicare and Medicaid Services require that ALL EMPLOYEES of healthcare facilities who receive payments from Medicare and Medicaid be vaccinated.

Employee may bring a copy of proof of CoVID vaccination to employee health, receive vaccination through The Clinic employee health, or apply for religious or medical exemption or request a temporary delay for a medical reason to be reviewed for eligibility by Senior Administration at The Clinic.

I acknowledge that I have read all of the above statements, and that I understand them. I voluntarily provide the below information.

Print Full Name (First Middle Last) **Date**

Signature

Revised 2/2024

Employee/Volunteer Application
For Position, Credentialing or Re-credentialing
AUTHORIZATION AND CONSENT
For background checks

All information submitted by me in connection with my application for a position as employee, contractor of volunteer ("Staff"), for credentialing or for re-credentialing (all "employment or continued employment") is true to the best of my knowledge. I understand that any misstatements in or material omissions from my application materials may constitute cause for rejection of my application or, if discovered at any time after my acceptance, termination of privileges and employment.

I hereby authorize the Center to communicate with other entities and individuals concerning knowledge of my professional competence, character and ethics, and to inspect all documents, including medical records at other entities, school transcripts, and county records, that may be material to an evaluation of my qualifications and competence for the clinical privileges and functions requested, as well as my moral and ethical qualifications for employment.

I also consent to the Center obtaining information relating to my criminal history, including arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct committed as a juvenile. I also agree that, so long as I remain staff here, the criminal history records check may be repeated at any time. I also understand that the criminal history could contain information presumed to be expunged.

I authorize and request all persons, schools, public and private entities, courts, law enforcement agencies, armed forces, employment commissions and all other government agencies to release information about me without restriction or qualification. I understand that the request for my Date of Birth below is only for the purpose of identifying me for background verification. I authorize a Photostat, facsimile or other copy of this release to be considered as effective as the original.

I hereby release from liability the Center and its directors, officers, healthcare providers, employees, contractors, attorneys, insurers, agents, and representatives for their actions in connection with obtaining and evaluating my application, credentials and qualifications. I hereby release from liability any and all individuals and organizations that provide information to the Center and its directors, officers, healthcare providers, employees, contractors, attorney, agents, and representatives concerning my professional competence, character, ethics, and other qualifications for employment and privileges.

In making this application, I acknowledge my obligation in the case of employment or continued employment with the Center would be to fulfill my responsibilities to provide continuous quality care to patients of the Center, to make decisions appropriate to the patient's needs, to maintain my practice knowledge and skills current through continuing education opportunities, to abide by the Bylaws, rules and regulations of the Professional Staff, and to participate in and cooperate fully with the Performance Improvement Program and all programs to improve quality and reduce risks. I agree to participate in the review of records and documents relating to patient care and services, and to subject my performance to review by the Center for the purpose of improving the quality of care and services and reducing risks, and I hold the Center and its directors, officers, healthcare providers, employees, contractors, attorney, agents, and representatives free of all liability for such actions.

In the case of employment or continued employment, I agree to abide by the requirements for coverage by the Federal Tort Claims Act ("FTCA"), will cooperate fully in all measures to improve quality and reduce risks, and with any investigations and defense of liability claims. I understand that if I am made an offer for privileges or functions and employment, an evaluation of my physical and mental fitness may be requested consistent with the requirements for liability coverage by the FTCA.

The Center is an equal opportunity employer and does not discriminate because of race, color, marital status, religion, sex, national origin, ancestry, disability, age (over 40), military status, or other grounds prohibited by applicable federal, state and local law.

By signing below, I hereby voluntarily authorize the Center to obtain "criminal reports" about me from a "reporting agency and to consider the "reports" when making decisions regarding my employment at the Center. If hired, this authorization shall remain on file and shall serve as ongoing authorization for the Center to procure background investigations at any time during my employment.

_____ _____
Applicant's Signature Last Four Digits of Your SSN

_____ _____
Applicant's Name (Please Print) Date of Birth (MM/DD/YYYY)

_____
Date of Authorization (MM/DD/YYYY)