



Application Form for Employment

Name _____ Date _____

Mailing address _____

Home phone _____ Work phone _____ Cell _____

E-mail address _____

Date of Birth _____ Social Security Number _____

Are you a patient of Good Samaritan? Yes ___ No ___

Please indicate the type of work in which you are trained or have experience:

- I am trained as:
- | | | |
|---|---|---|
| <input type="checkbox"/> MD/DO | <input type="checkbox"/> DDS | <input type="checkbox"/> Dental Assistant |
| <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Physicians Assistant |
| <input type="checkbox"/> LPN | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Medical Assistant |
| <input type="checkbox"/> Lab Tech | <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Dietician |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Health Educator | <input type="checkbox"/> Pharmacy Tech | |
| <input type="checkbox"/> Other _____ | | |

If you are trained in a specialty of one of the above, please tell us what that specialty is (for example, endodontist or Family Nurse Practitioner)

List all license and certificate numbers:

List highest level of education, name of school, and year graduated.

Please indicate the area or position in which you are interested:

- | | | |
|---|---|--|
| <input type="checkbox"/> The profession I indicated in the checkbox above | <input type="checkbox"/> Administrative Offices | <input type="checkbox"/> Medical Reception |
| <input type="checkbox"/> Dental Reception | <input type="checkbox"/> Dental Clinic | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Vision Center | <input type="checkbox"/> Behavioral Health | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Referral Processing |
| <input type="checkbox"/> Other (I'll do anything!) | | |

I am available Full Time Part Time

List three professional references (Name, email, phone number):

Other skills, experience and/or information that would be helpful to us (use back if you need more space):
