



## ADVANCED PRACTICE CLINICIAN ACADEMY APPLICATION

We appreciate your interest in our organization and are sincerely interested in your background and qualifications. Please answer all questions as thoroughly as possible so we may review this information in consideration of employment within our organization. We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, arrest or conviction or any other legally protected status. It is the purpose of Crouse Medical Practice, PLLC to help provide a safe and drug-free work environment for our clients and our employees. This practice regularly conducts pre-employment drug screening and all job offers are contingent upon the results of a satisfactory drug screening test.

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Email Address \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_  
Street City State Zip

Are you legally eligible for employment in the USA? ☐ Yes ☐ No Are you 18 years or older? ☐ Yes ☐ No

How did you hear about the position? \_\_\_\_\_

If you were referred, who referred you? \_\_\_\_\_

Were you previously employed by Internist Associates of Central New York? ☐ Yes ☐ No If yes, when \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No \_\_\_\_\_

Have you ever been convicted of health care fraud? ☐ Yes ☐ No

Have you ever been excluded from a federally funded health care program? ☐ Yes ☐ No

For Office Use:  
OIG Check \_\_\_\_\_

If your application is considered favorably, when are you available for work? \_\_\_\_\_

**Americans with Disabilities Act Clarification.** For the position you have applied, a job description is attached describing the essential job functions. With or without reasonable accommodation, can you perform the essential job functions for the position you have applied? ☐ Yes ☐ No

### EDUCATION

School Name	City and State	Major Course of Study	Last Grade Completed
High School:			
College:			
College:			
Business, Technical or Trade:			

Subjects of special study or research work \_\_\_\_\_

**MILITARY SERVICE**

Branch/Duty Location	Military Specialty	Highest Rank	Special Honors/Training

**EMPLOYMENT HISTORY**

Begin with your present or last job. Include any military service and volunteer activities. Exclude groups which indicate race, religion, sex, age, national origin or other protected groups.

<b>Employer</b>	Dates Employed From                      To		Job Duties
Address			
Job Title	Annual Salary or Hourly Rate (Optional) Start                      Final		Reason for Leaving
Immediate Supervisor and Phone Number			

<b>Employer</b>	Dates Employed From                      To		Job Duties
Address			
Job Title	Annual Salary or Hourly Rate (Optional) Start                      Final		Reason for Leaving
Immediate Supervisor and Phone Number			

<b>Employer</b>	Dates Employed From                      To		Job Duties
Address			
Job Title	Annual Salary or Hourly Rate (Optional) Start                      Final		Reason for Leaving
Immediate Supervisor and Phone Number			

**May we contact the above supervisors?** ☐ Yes ☐ No

If not, who would you like us to refrain from contacting? \_\_\_\_\_

**PROFESSIONAL REFERENCES**

**Former or present supervisors preferred.** Supervisors can include trainers, instructors, providers, and team leaders. If no known supervisors, coworkers or subordinates may also be used.

Name and Relation	Phone #	Company and Reference's Title	Years Known

**PLEASE READ AND SIGN BELOW**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all my statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability and any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without any prior notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_