## PRAIRIE CREEK FAMILY MEDICINE



STROMSBURG

SHELBY

OSCEOLA

1356–126 ROAD STROMSBURG, NE 68666 (402) 764–2491 FAX (402) 764-4033

150 E PARK ST SHELBY, NE 68662 (402)-527-1287 531 BEEBE STREET OSCEOLA, NE 68651 (402) 747-8851

Date Received:	

## **Employment Application**

D 17.0				
Personal Informa	ation			
Last Name	First Name	Midd	lle Initial Title(s)	Today's Date
Street Address	City	State	7	Zip Code
	•			
Mobile: ()	<del>-</del>			r legally eligible to work in (if hired, you will be required to
Home Phone: ()				re eligible to work in the U.S.)
			·	,
Work Phone: ()				
Position Applying For:			Date Availa	able to Work
Nurse/Nurse Aid	Receptionist/Billing	Provider		
Other (specify)				
Have you been convicted				
	n the OIG exclusion list?	YesNo		
If "Yes" on either explain	1:			
Are you employed now?	YesNo	If so, may we co	ontact your present emplo	yer?YesNo
Education				
Name and Location		# Years Completed	Major Area of Study	Degree/Diploma
High School				
College				
Graduate				
School				
Technical				
or Certificate				
Programs				
				1
Employment His		_	on for your previous two	employers, beginning with
Employer		•	Job Title:	information if ficcicu.)
Employer:	Dates Em	proyed:	Job 11tle:	
	From	To		

Telephone:  Weekly Pay Start: Finish:		Job Duties:				
		-				
Reason for Leavin	ng:		_			
Employee		Du Farabani	1		Job Title:	
Employer:		Dates Employed: From	To		Job Title:	
Address:						
Telephone:			Job Duties:			
Weekly Pay Sta	nrt: Fir	nish:	_			
Reason for Leavin	ng:					
	Please list names o	f supervisors, manag	ers, or others wh	o can comn	nent directly on your abili	ties (attach rest
References if desired): Name	Please list names o	f supervisors, manag	ers, or others wh		nent directly on your abili	ties (attach resu
if desired):		f supervisors, manag				
if desired):		f supervisors, manag				