



APPLICATION FOR EMPLOYMENT
Medical

INTRODUCTORY INFORMATION

Date: _____

Name: Last _____ First _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

APPLICANT QUESTIONS

Type of work desired: _____ Salary desired: _____

Date Available: _____ Length of Time Available: _____

If hired, can you provide the documents required to establish your eligibility to work in the U.S.? Yes No

How were you referred to Cross Road Medical Center? _____

Have you ever been convicted of, or pled guilty or no contest to, a crime other than a minor traffic violation?

Yes No

If yes, please explain in detail on a separate piece of paper and include the date of final disposition of the case and the nature of the offense. This information will not necessarily disqualify you from employment but false or misleading information will. Factors such as age at time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

EDUCATION

College or Technical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: ____ Degree/Diploma: _____

Medical School

Name & Address of School: _____

Course of Study: _____ Number of years completed: ____ Degree/Diploma: _____

Residency: _____

Internship: _____

Fellowship: _____

MILITARY EXPERIENCE

Branch of Service: _____ From: _____ To: _____

Rank/Type of Service: _____

Special Training/Experience: _____

CONTINUING EDUCATION COURSES YOU HAVE TAKEN IN THE LAST 5 YEARS:

WHAT ARE YOUR GOALS AND MOTIVATION FOR MEDICAL SERVICE?

DESCRIBE ANY PAST MISSION WORK EXPERIENCES:

ARE YOU PRESENTLY PRACTICING IN FAMILY PRACTICE?

ER? _____

OBSTETRICS? _____

OTHER? _____

ARE THERE AREAS WITHIN FAMILY PRACTICE FOR WHICH YOU FEEL YOU NEED BACK-UP?

PLEASE ATTACH YOUR CV OR RESUME

Record of Employment (List most recent position first)

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor Name: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone: _____
Address: _____
Position Title: _____ Supervisor: _____
Start Date: _____ Date Left: _____ Beginning Salary: _____ Ending Salary: _____
Duties: _____
Reason for Leaving: _____

DIRECT SUPERVISORY REFERENCES (Do not include relatives)

Name	Occupation	Years Known	Contact Information (phone, cell phone)
1. _____	_____	_____	_____
2. _____	_____	_____	_____

CHARACTER REFERENCE (Do not include relatives)

1. _____

STATEMENT (Please read this statement carefully before signing this application)

I understand that employment with Cross Road Medical Center (the Company) is at-will, meaning that I or the Company may terminate my employment at any time, or for any reason consistent with applicable state or federal law. I authorize the Company to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. **I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

Signature of Applicant: _____ **Date Signed:** _____

Cross Road Medical Center will show the love of the Lord Jesus Christ through accessible quality health care.

Values:

We Value: **Compassion**
 Humility
 Respect
 Integrity
 Servanthood
 Trust

DOCTRINAL STATEMENT

- We believe in one Holy God, creator of all things, eternally existing in three different persons; Father, Son, and Holy Spirit. Matt. 28:19, II Cor. 13:14
- We believe in the Virgin Birth, in the complete deity and complete humanity of Jesus Christ, uniquely joined together in one person and in the bodily resurrection and ascension of Jesus Christ. Matt. 1:18-23, Luke 1:27-35, Micah 5:2, John 1:1-14, Heb 2:17, Col. 2:9, Matt. 28:5, I Cor. 15:20, Acts 1:9
- We believe in the deity and personality of God, the Holy Spirit. The Holy Spirit regenerates, indwells, seals, and baptizes the believer into the body of Christ at conversion and empowers the believer for daily life. Matt 28:19, Acts 5:3-4, II Cor. 13:14, I Cor. 2:10-13, Eph. 4:30, I Cor. 12:11, Titus 3:5, Rom. 8:9, Eph. 1:13, I Cor. 12:13, Rom. 8:9, I Cor. 6:19-21, Rom. 8:12-13
- We believe the Bible is verbally inspired by God and inerrant in the original writings, and is the supreme and final authority in faith and life. II Tim. 3:16, II Peter 1:20-21
- We believe man was created sinless; he willfully sinned, which rendered him hopelessly lost before God. Genesis 2:7-25, James 3:9, Rom. 3:23, I John 1:8, Eph. 2:1-3, Rom. 6:23
- We believe that man's salvation is by grace, through faith in the blood sacrifice, death, and resurrection of Jesus Christ, the Son of God. Eph.2:8-9, John 1:12, I Peter 1:18-19
- We believe in the everlasting blessedness of all that are saved by the Lord Jesus Christ and the eternal punishment of all others. Rev. 6:9-11, James 2:26, Luke 23:43, II Cor. 5:8, Phil. 1:23, Luke 16:19-26, Rev. 20:13-15, II Thess. 1:7-9
- We believe in the personality and eternal punishment of Satan. Is. 14:12-17, Ez. 28:11-19 Rev 12:9-10, Rev. 20:10, Matt. 25:41
- We believe in the personal, imminent return of Jesus Christ for his redeemed. I Thess. 4:13-17, I Cor. 15: 51-54
- We believe that the church is composed solely of those who have been redeemed by the blood of Christ and that it is the responsibility of all that are saved to lead others to Christ and endeavor to live a Holy life. Eph. 2:19-20, I John 3:9

I have read and am in agreement with the Cross Road Medical Center Doctrinal Statement.

Applicant Signature

Authorization for Background Check

I authorize Cross Road Medical Center to conduct a thorough background investigation of my work and personal history, and verify all data given on my employment application and during interviews. I hereby release Cross Road Medical Center and its representatives or agents from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. A photo copy of this authorization will be considered the same as the original that Cross Road Medical Center has on file. Please accept it as such.

Applicant

Date

Voluntary Self Identification Form

The State of Alaska requires employers to keep information on the race, gender and age of applicants. The information you provide will be kept separate from your application and will not be used in the hiring process. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for Alaska state recordkeeping purposes only, and again, will be kept separate from all other personnel records. This information will only accessed by the Human Resources department. Please return completed forms to the HR department.

NAME: _____ **DATE OF BIRTH:** _____

JOB APPLIED FOR: _____

GENDER: (Please check one of the options below)

_____ Male _____ Female

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ *Hispanic or Latino:* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ *White* (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

___ *Black or African American* (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

___ *Native Hawaiian or Other Pacific Islander* (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

___ *Asian* (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

___ *American Indian or Alaska Native* (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

___ *Two or more races* (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

Date completed: _____

Please return form to the HR department. Thank you for your participation.