

Broad Top Area Medical Center's General Application

Personal Inform	nation:				7	Fodays Date	e:		
Name:				Social Security Number:					
Present Address:		City:		State:		Zip Code:			
Phone Number:				Referred by:					
Email Address _									
	Front Medic Billing Certif Phleb Behav Wome Denta Denta	Desk Specialist (cal Records Spec g Specialist ied Medical Assi	(Medical d ialist and, istant, Nu al Health Children p	or Dental) /or Referro rse (LPN or position position		orization Sp	ecialis	i t	
Education Histo	ory:	y: Name & Location of School			Years Did you Su Attended Graduate:		Subje	ects Studied/Degree Earned:	
High School									
College									
Trade, Business, Etc.									
Current/Former	r Employ	yers: (List belov	v the las	t four emp	oloyers, sto	arting with	the la	ast one first)	
Date Month and Year				Salary		Position	osition Reason		
From: To:									
From:									
To From:									
To:									
From:									
То									

Broad Top Area Medical Center Inc.



Please explain why you feel you are a good candidate for the position.
Do you know anything about Federally Qualified Health Centers and if so explain?
Do you have reliable childcare and transportation? Do you have a valid driver's license?
Please list any certifications and/or licenses below:
Are you interested in a part-time or full-time position? Please identify your availability during evening and weekend hours.
Have you ever been convicted of a crime? If yes, please explain.

Broad Top Area Medical Center Inc.



Please email resume and references to Tracey Earley (Human Resources Director) tearley@broadtopmedical.com.

Once a position becomes available, we will reach out to you to schedule an interview for the position. Please note that Broad Top Area Medical Center has several locations throughout Huntingdon County, and you could be interviewing for a position at any of those locations. Prior to the interview we will notify you of the position and location available.

I hereby certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any false or misleading information may result in the disqualification of my application or, if hired, may lead to termination of employment. I authorize Broad Top Area Medical Center to retain and use the information provided. I am aware that a criminal background check WILL be required to be considered for employment. By submitting this application, I acknowledge and consent to these terms.

Name	Date
Signature	