BOND COMMUNITY HEALTH CENTER, INC.
1720 South Gadsden Street
Tallahassee, FL 32301

PROVIDER APPLICATION FOR EMPLOYMENT

(Please print or type)

Date: _____

POSITION APPLIED FOR	**MINIMUM SALARY ACCEPTABLE**
LAST NAME FIRST MIDDLE MAIDEN	**SOCIAL SECURITY**
ADDRESS FLOOR/SUITE/ROOM	**TELEPHONE NUMBER**
CITY STATE ZIP	**DATE OF BIRTH**

ARE YOU A U.S. CITIZEN? **☐ YES ☐ NO**	**IF NOT A U.S. CITIZEN, HAVE YOU THE RIGHT TO REMAIN PERMANENTLY IN THE U.S.?** **☐ STUDENT ☐ PERMANENT ☐ J-1 VISA ☐ VISA**
DO YOU SPEAK ANY LANGUAGES(S) IN ADDITION TO ENGLISH? **☐ YES ☐ NO** **If yes, please list:**	**HOW DID YOU HEAR ABOUT BOND COMMUNI TY HEALTH CENTER, INC?**
HAS YOUR LICENSED EVER BEEN: **☐ Limited ☐Suspended** **☐ Revoked in any jurisdiction? ☐ NO**	**HAVE YOU EVER HAD A PROFESSIONAL MALPRACTICE LIABILITY ACTION COMMENCED AGAINST YOU? ☐ YES ☐ NO** **If yes, provide summary and outcome on separate sheet:** **List your malpractice carrier**_____
WHEN CAN YOU START?	

EDUCATION

	NAME & ADDRESS OF SCHOOL	CONCENTERATION	DID YOU COMPLETE?	DATES	DEGREE OR DIPLOMA
COLLEGE					
MEDICAL/DENTAL SCHOOL					
INTERNSHIP					
RESIDENCY					
OTHER					

ADDITIONAL INFORMATION

SPECIALTY BOARD CERTIFICATIONS **☐ Eligible ☐Certified** **Date: _____**	**STATE OF FLORIDA LICENSE NO.** **_____** **Expiration Date: _____** **NPI NO._____**	**DEA REGISTRATION NO/UPIN NO.** **_____/_____** **Expiration Date:_____** **Medicaid Provider No._____** **Medicare Provider No._____**
HOSPITAL AFFILIATIONS **_____** **_____**	**CAPACITY** **_____** **_____**	**DATES** **_____** **_____**

EMPLOYMENT RECORD (list most recent positions first)

DATES	NAME & ADDRESS OF EMPLOYER	POSITION	LAST SALARY	REASON FOR LEAVING	SUPERVISOR & CONTACT TELEPHONE NUMBER
FROM TO					
FROM TO					
FROM TO					
FROM TO					
FROM TO					

REFERENCES

NAME & ADDRESS	YEARS KNOWN	OCCUPATION	PHONE NUMBER

Consent to the release of information by any former employer to Bond Community Health Center, Inc.

I certify that all of the statements made by me on this application are true and may be investigated. If any are said to be false, this will constitute sufficient reason for my dismissal. If I am offered a position I consent to a pre-employment physical and any future medical examinations as may be required by the Center. I have been informed that Bond Community Health Center, Inc. is an equal employment opportunity employer and does not discriminate on the basis of race, ethnicity, religion, gender, sexual orientation, age, disability or marital status. All information obtained during interview and selection process will be used only for lawful purposes. Bond Community Health Center, Inc. reserves the right to conduct random drug testing.

SIGNATURE:_____ **DATE:_____**