Marin Family Medicine

Marin Family Medicine Dr. Rigoberto Marin

Dr. Rigoberto Marin

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**Ladysmith, WI 5**

**9**

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## EMPLOYMENT APPLICATION

***This Facility is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this Facility to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, this Facility intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.***

**PLEASE PRINT PLAINLY—BE SURE TO SIGN THIS APPLICATION**

### PERSONAL INFORMATION

Date of Application: Date Available\_

Name:\_ Social Security # Last First Middle

Address No. Street City State Zip

Home Phone: \_( \_) Work Phone: (\_ )

If you cannot be reached at above phone number, where may we contact you? Name of Person Phone\_

Have you ever applied for a job with the facility? If yes, please give the date of application, the position for which you applied, and your name at that time

Yes No

Have you been previously employed by this facility? If yes, please give dates of employment, position held, and your name while employed

Yes No

Who referred you to this Facility: Our Advertisement

( Publication )

Job Service Friend/Relative

Website Employment Agency Employee (name)

No One – Walk In

### EMPLOYMENT DESIRED

Position applying for :

1st Choice 2nd Choice

Full time Part time Temporary PRN Salary requirement

Days and Hours Available to work? Shift Preference Days Evenings Nights Days/Evenings Nights/Days Evenings/Nights

**4848**

**5561**



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EDUCATION** |  | | | | | |
| **Schools Attended** | **Name and Address of School** | **Select Last Year Completed** | **Did you Graduate?** | **Type of Degree or Certificate Received** | **Grade Point Average** | **Major Course of Study and Your Name While Attending** |
| *High School* |  | 9  10  11  12 | Yes No | Diploma GED |  |  |
|  |
| *Technical Vocational Business or Military Training* |  | 1  2 | Yes No | Degree Diploma  Certificate |  |  |
|  |
| *College or University* |  | 1  2  3  4 | Yes No | Degree Diploma  Certificate |  |  |
|  |
| *Graduate School* |  | 1  2  3  4 | Yes No | Degree Diploma  Certificate |  |  |
|  |

**OFFICE SKILLS**

Check those with which you have experience:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Word | Excel | E-mail | Medical Terminology |  | Keyboarding Speed wpm |
|  |  |  | Switchboard |  | Medical Transcription |

List any special skills or qualifications which you feel are relevant to the job for which you are applying:

### PROFESSIONAL LICENSES and/or CERTIFICATIONS

License/Registration # Organization or State Issued Profession Date Issued Expiration Date

Any Restrictions on your License? Yes No If yes, explain

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CPR Certified? | Yes |  | No | Other Certifications? | Yes | No |
| ACLS Certified? | Yes |  | No | Please list |  |  |

Are you currently on the Nursing Assistant Registry? Yes No

### MILITARY

Were you in the Armed Forces? Yes No If so, what Branch From To Rank at Discharge

What were your duties Did you receive any specialized training? Yes No If yes, describe