

EMPLOYMENT APPLICATION

Date: _____ For which position are you applying? _____

Name: _____ SS # _____ DOB: _____

Address: _____

Telephone: Home _____ Cell _____ e-Mail _____

Date you can start _____ Salary requirement _____

Have you applied or worked here before? [] Yes [] No Are you able to work O/T as needed? [] Yes [] No

EXPERIENCE AND SKILLS

	Yes	No		Yes	No
Typing (W.P.M. _____)			Heavy Phones		
Electronic Medical Records (EMR)			Insurance Processing		
Practice Management/Billing Software			Account Collection		
Scheduling Appointments			Office Procedures: EKG, Venipuncture,		
Knowledge of Medical Terminology			Culture swabs, dipstick, HbA1C, PT/INR		
Knowledge of ICD/CPT Coding			List other procedures you have assisted:		
Microsoft Office					

EDUCATION

(Please use another sheet of paper if you need to put additional information)

Last High School Attended	Years Attended	Did You Graduate?	Subjects Studied
College	Years Attended	Did You Graduate?	Subjects Studied
Trade, Business or On-line School	Years Attended	Did You Graduate?	Subjects Studied

GENERAL, MEDICAL CERTIFICATES OR LICENSES

Field of Discipline	License #	Date Earned	State Issued	Current? Yes or No

Do you have any physical condition which could (1) limit your ability to perform the job applied for, or (2) be aggravated by the job you have applied for? [] Yes [] No
If yes, explain (write on back of page).

Are you taking medication at the present time that could limit your ability to perform the job applied for? [] Yes [] No
(Job offers may be made contingent on applicant passing a job-related physical examination.)

Can your future vacations be arranged at the convenience of the office [] Yes [] No

Do you have any fringe benefit needs? [] Yes [] No Do you Smoke? [] Yes [] No

What is your anticipate length of employment? _____

FORMER EMPLOYERS

List below last three employers, starting with the most recent

Name of Employer			Your last name while employed?
Address, City, State, Zip			Telephone Number
Start Date	Leaving Date	Job Title	
Hourly Starting Salary		Hourly Final Salary	May we contact your supervisor? [] Yes [] No
Name of supervisor		Title	Telephone
Description of your job			
Reason for leaving			

Name of Employer			Your last name while employed?
Address, City, State, Zip			Telephone Number
Start Date	Leaving Date	Job Title	
Hourly Starting Salary		Hourly Final Salary	May we contact your supervisor? [] Yes [] No
Name of supervisor		Title	Telephone
Description of your job			
Reason for leaving			

Name of Employer			Your last name while employed?
Address, City, State, Zip			Telephone Number
Start Date	Leaving Date	Job Title	
Hourly Starting Salary		Hourly Final Salary	May we contact your supervisor? [] Yes [] No
Name of supervisor		Title	Telephone
Description of your job			
Reason for leaving			

In addition to your work experience, what other experiences, skills, qualifications would especially prepare you to work in our office?

Can you legally work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been arrested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes to any of the questions above, please explain.		

AUTHORIZATION

“I certify that the facts contained in this application are the true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the reference and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.”

Signature of Applicant

Date

PRE-INTERVIEW INFORMATION

(Complete the following information in your own handwriting)

1. Please state which of your previous positions you enjoyed the most and explain why.

2. Please state which of your previous positions you enjoyed the least and explain why.

3. Briefly describe your short-term (1-year) employment goals.

4. Briefly describe your long-term (5-year) employment goals.