

Employer Name \_\_\_\_\_

Employment Application

All sections of this application must be completed.  
Please print clearly.

**Applicant Personal Information**

\_\_\_\_\_  
Name: Last, First, MI

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Application Date

\_\_\_\_\_  
Home Address, Street, City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Email

**Position Desired** \_\_\_\_\_ **Salary Desired** \_\_\_\_\_

**Employment Information and History**

List all employers in reverse chronological order.

Present or Last Employer:		
Employer Address:		
Employment Dates: From _____ To _____		
Position Held:	Supervisor:	Telephone:
Compensation: Starting _____ Ending _____		
Description of Work:		
Reason for Leaving:		
May we contact the employer? ___ Yes ___ No. If no, please explain.		

Previous Employer:		
Employer Address:		
Employment Dates: From _____ To _____		
Position Held:	Supervisor:	Telephone:
Compensation: Starting _____ Ending _____		
Description of Work:		
Reason for Leaving:		
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain.		

Previous Employer:		
Employer Address:		
Employment Dates: From _____ To _____		
Position Held:	Supervisor:	Telephone:
Compensation: Starting _____ Ending _____		
Description of Work:		
Reason for Leaving:		
May we contact the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No. If no, please explain.		

**Service Record**

Branch of Service:	From _____ To _____

**Education**

Level	Name/Location of School	# Years Attended	Did You Graduate?
Grammar			
High School			
College			
Trade School			

What is the highest level of education you have achieved? \_\_\_\_\_

\_\_\_\_\_

Describe pertinent subjects you've studied that would be beneficial to our practice? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills You Bring to the Workplace?**

- |  |   |
|--|---|
| <input type="checkbox"/> Typing/transcription  | <input type="checkbox"/> Rooming patients                   |
| <input type="checkbox"/> 10-key calculator     | <input type="checkbox"/> Multi-line telephone               |
| <input type="checkbox"/> Bookkeeping           | <input type="checkbox"/> Practice management system         |
| <input type="checkbox"/> Billing/claims filing | <input type="checkbox"/> Front desk reception experience    |
| <input type="checkbox"/> Claims follow-up      | <input type="checkbox"/> Collections                        |
| <input type="checkbox"/> Patient education     | <input type="checkbox"/> Vitals                             |
| <input type="checkbox"/> Customer service      | <input type="checkbox"/> Electronic medical record charting |
| <input type="checkbox"/> Filing                | <input type="checkbox"/> Coding: Certified? _____           |
| <input type="checkbox"/> Chart Preparation     | <input type="checkbox"/> Organizational                     |
| <input type="checkbox"/> Other _____           |   |

**General Questions**

Is there any reason you would be unable to perform the duties of the position?

Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a felony in the last five years?  Yes  No

If yes, please explain fully: \_\_\_\_\_  
\_\_\_\_\_

Has your medical license/certification ever been reprimanded, suspended or revoked?  Yes  No  N/A If yes, please provide explanation and documentation that license/certification is now in good standing. Separate documentation is required.

**References**

Provide three references who are not related to you and who also know your skills and work ethic.

	<b>Name</b>	<b>Address</b>	<b>Telephone</b>	<b>Years Acquainted</b>
1				
2				
3				

**Additional Information**

Please provide any additional information about yourself that you think would be important for us to know when considering your qualifications and fit for our practice:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**You may also attach your resume to supplement this application.**

**Authorization and Certification**

I certify that all information I have provided is true, complete and accurate. I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I expressly authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my employment history, as well as any pertinent information they may have, personal or otherwise, and further release the employer from all liability for any damage that such disclosure may inadvertently cause.

Further, I authorize the practice to perform a criminal background and/or credit check, including licensure, if the practice so chooses. I also understand that the practice may require me to undergo a drug test or pre-employment physical. I understand that all of these due diligence steps will be at the expense of the employer. Should the results of any of these tests be unsatisfactory for employment at the practice, I understand they shall be grounds for dismissal.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the U.S.

I understand that if I am hired, I am free to resign at any time, with or without cause and with or without prior notice. I further understand the employer reserves the same right to terminate my employment at any time, with or without case and with or without prior notice as allowed by law.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Employer Name** \_\_\_\_\_  
**is an Equal Opportunity Employer.**