

APPLICATION FOR MEDICAL OFFICE EMPLOYMENT

Date: _____ For which position are you applying? _____
 Please Write Legibly

Name: _____

Telephone: Home () _____ Social Security No. _____

Business () _____ Work Permit No. _____
(if a minor and if applicable)

ADDRESS _____
Street City Zip

Can you legally work in the United States? YES NO (Please provide proof)

Have you ever been convicted of a felony? YES NO

If you are bilingual, what languages do you speak, read, or write? _____

EXPERIENCE AND SKILLS

Have you had experience in the following:

| | YES | NO | | YES | NO |
|------------------------------------|-----|----|---------------------------------------------------------|-----|----|
| Typing (W.P.M. _____) | | | Insurance processing | | |
| Filing | | | Set-up and assist with minor surgeries | | |
| Heavy phones | | | Do EKGs | | |
| Scheduling appointments | | | Do venipunctures | | |
| Know medical terminology | | | Do throat cultures | | |
| Transcription from tape | | | Urinalysis by dipstick | | |
| Word processing | | | Microscopic urinalysis | | |
| Data entry (keystroke speed _____) | | | Give injections | | |
| Pegboard bookkeeping | | | Supply & instrument inventory/ordering | | |
| Computer billing | | | List any other procedures with which you have assisted: | | |
| Account collections | | | | | |

EDUCATION

Last high school attended _____ Location _____ Check last grade completed
 9 10 11 12

COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING

| Name of school | Location | Dates Attended | Degrees/Certificate | Major |
|----------------|----------|----------------|---------------------|-------|
| | | | | |
| | | | | |

MEDICAL CERTIFICATES OR LICENSES

| | | | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|
| 1. X-RAY License # _____ Date Earned _____ State issued _____ | 2. RN License # _____ Date Earned _____ State issued _____ | 3. LVN License # _____ Date Earned _____ State issued _____ | 4. LAB TECH License # _____ Date Earned _____ State issued _____ | 5. OTHER _____ License # _____ Date Earned _____ State issued _____ |
|------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|

Post graduate seminars taken in the last 2 years: _____
 Are all certificates current? YES NO

Check time willing to work:

Days Evenings No. of days per week _____

Overtime occasionally if necessary

Full-time Part-time Hours per week _____

If offered employment, when can you start? _____

Have you given notice to your present employer?

YES NO

Have you ever been bonded? YES NO

Do you know of any reason why you cannot be bonded? _____

What is your anticipated length of employment? _____

Circle days of week you will **not** be available for work

MON TUES WED THURS FRI SAT SUN

Can your future vacations be arranged at the convenience of the office? YES NO

Salary requirement: _____

Do you have any fringe benefit needs? YES NO

Please explain: _____

Do you smoke? YES NO

PREVIOUS EMPLOYMENT

List present, or most recent, position first. Please cover last 10 years of employment. Resume may be substituted for employment history detail. May we contact your present employer? YES NO

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------|--|
| 1. Name of Employer | | Your last name while employed | |
| Address | | Telephone Number () | |
| Position <input type="checkbox"/> Office Manager <input type="checkbox"/> Receptionist <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Dental Assist. <input type="checkbox"/> Hygienist <input type="checkbox"/> Lab Technician <input type="checkbox"/> Other | | | |
| Description of your job | | | |
| Dates of employment | | Length of employment _____ Years | |
| Date Hired | Date separated | _____ Months | |
| Earnings | | | |
| Salary when hired \$ | | Salary at separation \$ | |
| Reason for leaving | | | |
| Supervisor's Name | | Telephone Number () | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------|--|
| 2. Name of Employer | | Your last name while employed | |
| Address | | Telephone Number () | |
| Position <input type="checkbox"/> Office Manager <input type="checkbox"/> Receptionist <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Dental Assist. <input type="checkbox"/> Hygienist <input type="checkbox"/> Lab Technician <input type="checkbox"/> Other | | | |
| Description of your job | | | |
| Dates of employment | | Length of employment _____ Years | |
| Date Hired | Date separated | _____ Months | |
| Earnings | | | |
| Salary when hired \$ | | Salary at separation \$ | |
| Reason for leaving | | | |
| Supervisor's Name | | Telephone Number () | |

3. Name of Employer _____ Your last name while employed _____

Address _____ Telephone Number () _____

Position
 Office Manager Receptionist Bookkeeper Dental Assist. Hygienist Lab Technician Other

Description of your job _____

Dates of employment _____ Length of employment _____ Years
 Date Hired _____ Date separated _____ Months

Earnings
 Salary when hired \$ _____ Salary at separation \$ _____

Reason for leaving _____

Supervisor's Name _____ Telephone Number () _____

4. Name of Employer _____ Your last name while employed _____

Address _____ Telephone Number () _____

Position
 Office Manager Receptionist Bookkeeper Dental Assist. Hygienist Lab Technician Other

Description of your job _____

Dates of employment _____ Length of employment _____ Years
 Date Hired _____ Date separated _____ Months

Earnings
 Salary when hired \$ _____ Salary at separation \$ _____

Reason for leaving _____

Supervisor's Name _____ Telephone Number () _____

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

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself the same right.

I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

Signature of applicant _____

Date _____