



EMPLOYMENT APPLICATION

DATE: _____

NAME: _____

DOB: _____ SSN: _____

ADDRESS: _____

WHAT POSITION ARE YOU APPLYING FOR: _____

HIGH SCHOOL GRADUATE: _____

COLLEGE, TRADE, OR SPECIAL TRAINING (SPECIFY DEGREE, CERTIFICATE, OR TRAINING AND SCHOOL):

MEDICAL CERTIFICATES OR LICENSES: _____

TELL US A LITTLE ABOUT YOURSELF:

EXPERIENCE AND SKILLS

EXPERIENCE	YES	NO	EXPERIENCE	YES	NO
FILING			TYPING		
CODING			MEDICAL TERMINOLOGY		
PHONES			SCHEDULING APPOINTMENTS		
INSURANCE VERIFICATION			INSURANCE FILING		
REFERRALS			ELECTRONIC BILLING		
MEDICAL SOFTWARE			WORD, EXCEL		
MEDICAL ASSISTING			INJECTIONS		

ANY OTHER EXPERIENCE OR SKILLS:

EMPLOYEMENT HISTORY

(PLEASE LIST EMPLOYEMENT WITH PRESENT OR MOST RECENT FIRST.)

COMPANY: _____

START DATE: _____ **END DATE:** _____

ADDRESS: _____

POSITION: _____ **SUPERVISOR:** _____

REASON FOR LEAVING: _____

COMPANY: _____

START DATE: _____ **END DATE:** _____

ADDRESS: _____

POSITION: _____ **SUPERVISOR:** _____

REASON FOR LEAVING: _____

COMPANY: _____

START DATE: _____ **END DATE:** _____

ADDRESS: _____

POSITION: _____ **SUPERVISOR:** _____

REASON FOR LEAVING: _____

COMPANY: _____

START DATE: _____ **END DATE:** _____

ADDRESS: _____

POSITION: _____ **SUPERVISOR:** _____

REASON FOR LEAVING: _____

PLEASE EXPLAIN ANY LAPSES IN EMPLOYMENT:

WORK REFERENCES

NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

NAME: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

WHAT WAS YOUR HIGHEST SALARY RECEIVED? _____

WHAT SALARY ARE YOU INTERESTED IN RECEIVING? _____

I authorize you at the time of my application for employment or during my employment, to obtain information from any source as to my education, competence, and character as it relates to the position for which I apply. I agree that all statements made in this application may be investigated. I agree to cooperate in such investigation and release from all liability or responsibility of all persons, companies or corporations supplying information. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. Further, I understand that in the event I am employed, such employment is at will. Neither I nor the employer have agreed on any specific period of employment unless otherwise set forth in a separate contract.

Signature _____

Date _____