

# APPLICATION FOR MEDICAL OFFICE EMPLOYMENT

DATE \_\_\_\_\_ FOR WHICH POSITION ARE YOU APPLYING? \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP

SOCIAL SECURITY # \_\_\_\_\_ CAN YOU LEGALLY WORK IN UNITED STATES? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_ IF YES, EXPLAIN \_\_\_\_\_

IF YOU AR BILINGUAL, WHAT LANGUAGES DO YOU SPEAK, READ, OR WRITE? \_\_\_\_\_

**HAVE YOU HAD EXPERIENCE IN THE FOLLOWING:**

	YES	NO		YES	NO
COMPUTERS	_____	_____	FILING	_____	_____
HEAVY PHONES	_____	_____	SCHEDULING APTS	_____	_____
SCHEDULING PROCEDURES	_____	_____	MEDICAL TERMINOLOGY	_____	_____
TRANSCRIPTION	_____	_____	MEDICAL BILLING	_____	_____
COLLECTIONS	_____	_____	INSURANCE PROCESSING	_____	_____
TAKING VITAL SIGNS	_____	_____	TAKING MEDICAL HISTORIES	_____	_____
VENIPUNCTURES	_____	_____	GIVING INJECTIONS	_____	_____
READING LAB REPORTS	_____	_____	INSURANCE VERIFICATION	_____	_____

**EDUCATION:**

\_\_\_\_\_ LAST HIGH SCHOOL ATTENDED \_\_\_\_\_ LOCATION \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_

**COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING**

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREE / CERTIFICATE	MAJOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MEDICAL CERTIFICATES OR LICENSES:**

_____	_____	_____	_____	_____
TYPE LICENSES / CERTIFICATE	LICENSE / CERTIFICATE #	DATE ISSUED	STATE ISSUED	

_____	_____	_____	_____	_____
TYPE LICENSES / CERTIFICATE	LICENSE / CERTIFICATE #	DATE ISSUED	STATE ISSUED	

ARE YOUR LIC / CERT CURRENT? \_\_\_\_\_

ARE YOU APPLYING FOR FULL TIME WORK? \_\_\_\_\_ ARE THERE ANY TIMES WHICH YOU ARE NOT AVAILABLE FOR WORK? \_\_\_\_\_

WILL YOU BE ABLE TO WORK SOME OVERTIME IF NEEDED? \_\_\_\_\_ WHAT IS YOUR SALARY REQUIREMENT? \_\_\_\_\_

DO YOU NEED TO GIVE A NOTICE TO PRESENT EMPLOYER? \_\_\_\_\_

DO YOU HAVE ANY BENEFIT NEEDS? \_\_\_\_\_ EXPLAIN

---

COULD YOU COMPLY WITH OUR NON SMOKING ENVIRONMENT? \_\_\_\_\_

IN PAST EMPLOYMENTS, DID YOU HAVE A GOOD ATTENDANCE RECORD? \_\_\_\_\_ IF NOT, WHY?

---

HAVE YOU EVER BEEN BONDED? \_\_\_\_\_ DO YOU KNOW OF ANY REASON WHY YOU CANNOT BE BONDED?

---

**COMPLETE THE FOLLOWING INFORMATION:**

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. WHAT DO YOU HOPE TO GAIN FROM THIS JOB?

4. WHAT MOTIVATES YOU TO GO THE EXTRA MILE IN THE WORKPLACE?

## REFERENCES

---

(NAME) (COMPANY) ( )  
PHONE #

---

(NAME) (COMPANY) ( )  
PHONE #

---

(NAME) (COMPANY) ( )  
PHONE #

## PREVIOUS EMPLOYMENT HISTORY

1. NAME OF MOST RECENT EMPLOYER

YOUR LAST NAME WHILE EMPLOYED

---

ADDRESS

TELEPHONE NUMBER

( )

---

POSITION HELD

LENGTH OF EMPLOYMENT

---

DESCRIPTION OF JOB

---

---

SUPERVISOR'S NAME

SALARY WHEN HIRED

SALARY UPON LEAVING

---

REASON FOR LEAVING

---

---

2. NAME OF EMPLOYER

YOUR LAST NAME WHILE EMPLOYED

---

ADDRESS

TELEPHONE NUMBER

( )

---

POSITION HELD

LENGTH OF EMPLOYMENT

---

DESCRIPTION OF JOB

---

---

SUPERVISOR'S NAME

SALARY WHEN HIRED

SALARY UPON LEAVING

---

REASON FOR LEAVING

---

---

3. NAME OF EMPLOYER

YOUR LAST NAME WHILE EMPLOYED

---

ADDRESS

TELEPHONE NUMBER

( )

---

POSITION HELD

LENGTH OF EMPLOYMENT

---

DESCRIPTION OF JOB

---

---

SUPERVISOR'S NAME

SALARY WHEN HIRED

SALARY UPON LEAVING

---

REASON FOR LEAVING

---

---

4. NAME OF EMPLOYER

YOUR LAST NAME WHILE EMPLOYED

---

ADDRESS

TELEPHONE NUMBER

( )

---

POSITION HELD

LENGTH OF EMPLOYMENT

---

DESCRIPTION OF JOB

---

---

SUPERVISOR'S NAME

SALARY WHEN HIRED

SALARY UPON LEAVING

---

REASON FOR LEAVING

---

---