

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? _____

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
