

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

Gastroenterologists, P.C.

BACKGROUND CHECK RELEASE

I understand and acknowledge that an investigative consumer report may be obtained for employment purposes. I authorize the Practice I have made application with, or its designated agent, to conduct pre-employment or other employment related inquiries after I am hired (to the extent allowed by law) and authorize any past or present employer, or other business, governmental agency or individual contacted to supply the requested information and documents concerning me and to provide full and complete disclosure. I understand that all pre-employment screening activities are conducted in compliance with ADA, EEOC and the Fair Credit Reporting Act requirements. I release from liability the Practice I have made application with, and its representatives for gathering and using such information. I fully release the person or entity providing the information of any right or claim of confidentiality concerning disclosure of the information requested below or any and all claims, actions, or causes of action which may arise as a consequence of the release of such information as may be requested concerning: (1) Complete background reference and work history checks; (2) Criminal and civil litigation history information or any other public records (such as driving records, liens, judgments, and sex offender status); (3) Credit reports, academic achievement, professional licensure, bankruptcy filings; (4) Previous incidents of alleged sexual or racial harassment; (5) Previous incidents of violent behavior and/or suspected dishonest acts; (6) Results of previous drug testing within the past two years if positive for illegal substances; (7) Eligibility for rehire and circumstances of previous separations from employment; (8) Social Security Number verification; and (9) information concerning any or all worker's compensation claims if a conditional offer of employment has been made. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance be contacted pursuant to this investigation consent form cooperate fully and completely in responding to the inquiries.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

Print Full Name: _____

Soc. Sec. Number: _____ Date of Birth: _____

Current Address: _____ How Long? _____

City State Zip Code

Previous Address: _____

(If at current address less than 7 years)

City State Zip Code

Drivers License Number: _____ State: _____

Previous Employer(s): _____ / _____ / _____

Company Name City State

Educational Institution(s): _____ / _____ / _____ - _____

Institution Name State From To

Applicant Signature: _____ Date: _____