APPLICATION FOR MEDICAL OFFICE EMPLOYMENT

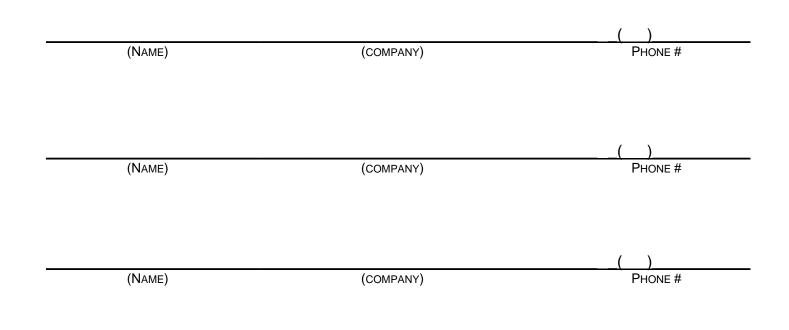
Image: Scheduling APTS Image: Scheduling APTS Scheduling PROCEdures Image: Medical terminology Iranscription Image: Medical terminology Iranscription Image: Medical terminology Iranscription Image: Medical terminology Sollections Image: Medical terminology Scenerotic Image: Medical terminology Name of school Image: Medical terminology Image: Medical certrificates or licenses: Image	TYPE LICENSES / CERTIFICATE LICENSE / CERTIFICATE # DATE ISSUED STATE ISSUE ARE YOUR LIC / CERT CURRENT? ARE THERE ANY TIMES WHICH YOU ARE NOT AVAILABLE FOR WORK?						
AUGINESS PHONE	MEDICAL CERTIFICATES OR LICENSES:		ENSES / CERTIFICATE				STATE ISSUED
SUSINESS PHONE							
SUSINESS PHONE				DATES ATTENDED	DEGREE / CERTIFI	CATE MA.	OR
BUSINESS PHONE			AINING	LOCATION		LAST GRADE CO	MPLETED
BUSINESS PHONE	EDUCATION:						
BUSINESS PHONE CELL PHONE NDDRESS:	READING LAB REPORTS			INSURAN	CE VERIFICAT	ION	
SUSINESS PHONE	VENIPUCTURES			GIVING INJE	CTIONS		
BUSINESS PHONE	TAKING VITAL SIGNS			TAKING MEI	DICAL HISTORIES		
BUSINESS PHONE	COLLECTIONS			INSURANCE	PROCESSING		
BUSINESS PHONE	TRANSCRIPTION			MEDICAL BI	LLING		
BUSINESS PHONE	SCHEDULING PROCEDURES			MEDICAL TE	RMINOLOGY		
BUSINESS PHONE	HEAVY PHONES			SCHEDULIN	G APTS		
BUSINESS PHONE	COMPUTERS	YES	NO	FILING		YES	NO
BUSINESS PHONE CELL PHONE ADDRESS:	HAVE YOU HAD EXPERIENCE IN T	HE FOLLC	WING:				
ADDRESS:	IF YOU AR BILINGUAL, WHAT LANC	GUAGES D	O YOU SPEAK, REAL	, or write?			
ADDRESS:	HAVE YOU EVER BEEN CONVICTE	D OF A FE	LONY?	IF YES, EXPLA	AIN		
ADDRESS:	SOCIAL SECURITY #		CAI	N YOU LEAGALLY WO	RK IN UNITED ST	TATES?	
BUSINESS PHONE CELL PHONE	ADDRESS:	ET					ZIP
	NAME:			Home PH	ONE		

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



PREVIOUS EMPLOYMENT HISTORY

1. NAME OF MOST RECENT EMPLOYER

YOUR LAST NAME WHILE EMPLOYED

ADDRESS	TELEPH	IONE NUMBER	
	()	
POSITION HELD			
DESCRIPTION OF JOB			
SUPERVISOR'S NAME	SALARY WHEN HIRED	SALARY UPON LEAVING	
REASON FOR LEAVING			
NAME OF EMPLOYER		YOUR LAST NAME WHILE EMPLOYE	
ADDRESS	TELEPH	IONE NUMBER	
POSITION HELD	(LENGTł) H OF EMPLOYMENT	
DESCRIPTION OF JOB			
SUPERVISOR'S NAME	SALARY WHEN HIRED	SALARY UPON LEAVING	

3. NAME OF EMPLOYER

ADDRESS	TELEF	PHONE NUMBER
	()
POSITION HELD LENGTH OF EMPLOYMENT		TH OF EMPLOYMENT
DESCRIPTION OF JOB		
SUPERVISOR'S NAME	SALARY WHEN HIRED	SALARY UPON LEAVING
REASON FOR LEAVING		
NAME OF EMPLOYER		YOUR LAST NAME WHILE EMPLOYED
ADDRESS	TELEF	PHONE NUMBER
POSITION HELD	(LENG) TH OF EMPLOYMENT
DESCRIPTION OF JOB		
DESCRIPTION OF JOB	SALARY WHEN HIRED	SALARY UPON 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 <u>if a conditional offer of employment has been made</u>. I request that any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance be contacted pursuant

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	//
Applicant Signature:	Date: