



APPLICATION FOR EMPLOYMENT

(Please print clearly)

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Position Applying For: _____

Desired Pay: \$_____ Date Available to Start: _____ Employment Desired: Full-time / Part-time

Were you previously employed with us? Yes / No If yes, what position? _____

How did you hear about this position? _____

EDUCATION

High School: _____ City/State: _____

From: _____ To: _____ Graduated: Yes / No Diploma: Yes / No

Vocational: _____ City/State: _____

From: _____ To: _____ Licensing: _____

College: _____ City/State: _____

From: _____ To: _____ Degree Granted: _____

Did you serve in the Military: Yes / No Branch: _____ From: _____ To: _____

SKILLSET

Please list your level of proficiency in the following areas (Beginner, Intermediate, Expert):

Microsoft Office Suite: _____ Data Entry: _____ Phone Systems: _____

Patient Care: _____ Customer Service: _____ Medical Software: _____

Other specific skills: _____

EMPLOYMENT

Please include employment for the last 10 years, listing current or most recent job first.

Name of Employer: _____ City/State: _____

Position: _____ From: _____ To: _____

Duties: _____

Supervisor: _____ Phone: _____

May we contact this employer? Yes / No Reason for Leaving: _____

EMPLOYMENT (cont.)

Name of Employer: _____ City/State: _____

Position: _____ From: _____ To: _____

Duties: _____

Supervisor: _____ Phone: _____

May we contact this employer? Yes / No Reason for Leaving: _____

Name of Employer: _____ City/State: _____

Position: _____ From: _____ To: _____

Duties: _____

Supervisor: _____ Phone: _____

May we contact this employer? Yes / No Reason for Leaving: _____

Name of Employer: _____ City/State: _____

Position: _____ From: _____ To: _____

Duties: _____

Supervisor: _____ Phone: _____

May we contact this employer? Yes / No Reason for Leaving: _____

All of the above statements are true to the best of my knowledge. I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

At-Will Employment Clause:

I acknowledge that if hired, I will be an at-will employee, I will be subject to dismissal or discipline without notice or cause, at the discretion of the employer. I understand that no representative of the company, other than the physician owners, as a group, has the authority to change the terms of an at-will employment and that any such change can occur only in a written employment contract.

Applicant Signature: _____

Date: _____