

# 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 ARE BILINGUAL, WHAT LANGUAGES DO YOU SPEAK, READ, OR WRITE? \_\_\_\_\_

HAVE YOU HAD EXPERIENCE IN THE FOLLOWING:			
	YES	NO	
COMPUTERS	_____	_____	FILING
HEAVY PHONES	_____	_____	SCHEDULING APPTS
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		
<b>COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING</b>				
NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREE / CERTIFICATE	MAJOR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MEDICAL CERTIFICATES OR LICENSES: \_\_\_\_\_  
TYPE LICENSES / CERTIFICATE LICENSE / CERTIFICATE # DATE ISSUED STATE ISSUED

ARE YOUR LIC / CERT CURRENT? \_\_\_\_\_  
TYPE LICENSES / CERTIFICATE LICENSE / CERTIFICATE # DATE ISSUED STATE ISSUED

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? \_\_\_\_\_



**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		

CONFIDENTIAL

Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge.

I hereby authorize \_\_\_\_\_ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to \_\_\_\_\_ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources. \_\_\_\_\_ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**  
Please check the box below if you wish to receive a copy of a consumer report that is requested.  
 I wish to receive a copy of any Background Check Report on me that is requested.