



Medical Office Staffing

P.O. Box 3893

Richmond, VA 23235

Phone: 804-272-8232 Fax: 804-918-0250

Application for Employment

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statues, regulations and ordinances.

Date _____ Social Security Number ____ - ____ - ____

Applicant Name _____
Last First Middle

Present Address _____
Street City State, Zip Apt#

Previous Address _____
(If less than 12months) Street City State, Zip Apt. #

Home Phone (____) _____ Cell (____) _____ Pager (____) _____
Alternate Phone (____) _____ Email Address _____

1. _____ 2. _____ 3. _____
Name of Position(s) for which you are Applying

Salary Requirement _____ Date Available for Work _____

Are you at least 18 years of age? Yes ___ No ___

Are you Legally Authorized to Work in the U.S.? Yes ___ No ___

How far (in miles) are you willing to Travel? _____ Miles

Do you have Adequate means of Transportation to get to work on time each day and when called in to work on short notice during normal working hours? Yes ___ No ___

If overtime works is required, does this pose a problem for you? Yes ___ No ___

Are you able to perform the essential job related functions of the position for which you are applying with or without accommodations? Yes ___ No ___ If no, please describe any accommodations necessary: _____

Have you ever been convicted of a crime and/or released from confinement following a conviction for any criminal offense? Yes ___ No ___ (Please note Arrest or Charges that have been expunged need not be disclosed)

If Yes, give date, place and nature of such conviction _____

Are you presently charged with any violation of the law? Yes ___ No ___

If Yes, give date, place and nature of such charge _____

Educational History

Type of School	Name of School	Check Last Year	Degree
City and State	Attended in School	Certification	Program
High School	<u>9</u> <u>10</u> <u>11</u> <u>12</u>		
GED	Graduated/GED	Yes_ No_	
College	<u>1</u> <u>2</u> <u>3</u> <u>4</u>		
	Graduated?	Yes_ No_	
College	<u>1</u> <u>2</u> <u>3</u> <u>4</u>		
	Graduated?	Yes_ No_	
Graduate School	<u>1</u> <u>2</u> <u>3</u> <u>4</u>		
	Graduated?	Yes_ No_	
Other	From (year)	To (year)	

List any Professional licenses, registration or certification you possess (Include Driver's License)

Type	State Issued	Expiration Date	Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Please Review and Sign Where Indicated:

In making Application for Employment:

- I certify that the information in the application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics and mode of living whichever may be applicable. If such an investigative report is made I understand that I will receive notice that such report has been requested and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I UNDERSTAND AND AGREE THAT ANY EMPLOYEE HANDBOOK WHICH I MAY RECEIVE WILL NOT CONSTITUTE AN EMPLOYMENT CONTRACT, BUT WILL BE MERELY A GRATUITOUS STATEMENT OF FACILITY POLICIES.
- I understand that the facility reserves the right to require the employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses and briefcases) or parcels brought into or taken out of the facility. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.
- I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY THE FACILITY, MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I, OR THE FACILITY WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THE STATUS CAN ONLY BE ALTERED BY A WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC AS TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF THE FACILITY.

Release:

I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

I have read and understand these conditions of employment

Signature _____ Date _____

Employment History

Please provide the most recent 10 years employment history including any period of unemployment.

Mo./Yr. to Mo./Yr _____ Company _____
Phone Number _____ Immediate Supervisor. _____
Address _____ May We Contact Yes_ No_
Job Title _____ Pay Rate _____ Reason for Leaving _____
Job Duties _____

Software Used _____

Mo./Yr. to Mo./Yr _____ Company _____
Phone Number _____ Immediate Supervisor. _____
Address _____ May We Contact Yes_ No_
Job Title _____ Pay Rate _____ Reason for Leaving _____
Job Duties _____

Software Used _____

Mo./Yr. to Mo./Yr _____ Company _____
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Software Used _____

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Phone Number _____ Immediate Supervisor. _____
Address _____ May We Contact Yes_ No_
Job Title _____ Pay Rate _____ Reason for Leaving _____
Job Duties _____

Software Used _____

Position: _____ *

Location: _____ *

Availability: _____ *

Bookkeeping and Clerical

Exp. Yrs.

___ Accounts Receivable ___

___ Accounts Payable ___

___ General Ledger ___

___ Payroll ___

___ Taxes ___

___ X-Ray Full ___

___ X-Ray Digital Imaging ___

Medical Certification/License

Exp. Yrs.

___ RN ___

___ LPN ___

___ MA ___

___ Lab Tech ___

___ Phlebotomist ___

___ X-Ray Limited ___

Clerical

___ Dictation ___

___ Medical Records ___

___ Pre-Authorizations ___

___ Reception ___

___ Referrals ___

___ Scheduling ___

___ Switchboard ___

___ Transcription ___

___ Typing Speed WPM ___

Skills

___ Assist Sterile ___

___ Assist Non-Sterile ___

___ Autoclave ___

___ CBC ___

___ Centrifuge ___

___ Differential ___

___ EEG ___

___ EKG ___

Insurance Billing

___ Commercial ___

___ Medicare A ___

___ Medicare B ___

___ Medicaid ___

___ 3rd Party Billing ___

___ HMO ___

___ Collections ___

___ CPT Coding ___

___ ICD 9 Coding ___

___ Electronic Data Entry ___

___ Finger/Heel Stick ___

___ Hemalocrit ___

___ Injections ___

___ Pregnancy Test ___

___ Strep Culture ___

___ Urinalysis ___

___ Urine Dip ___

___ Venipuncture ___

___ Vitals ___

___ KSPM ___

Software Systems Used

___ Advantex ___

___ Athena ___

___ Benchmark/Versus ___

___ Excel ___

___ EZ-Claims ___

___ IDX ___

___ Internet ___

___ Invisions ___

___ Medic/Mysis ___

___ Medisoft ___

___ Pars ___

___ Premis/EPremis ___

___ Siemens ___

___ Windows 95-00/XP ___

Related Information

BiLingual? English/ _____

Medical Specialties you have worked

* Leave for Medical Office Staffing to complete

Other Software:

List: _____
