APPLICATION FOR MEDICAL OFFICE EMPLOYMENT

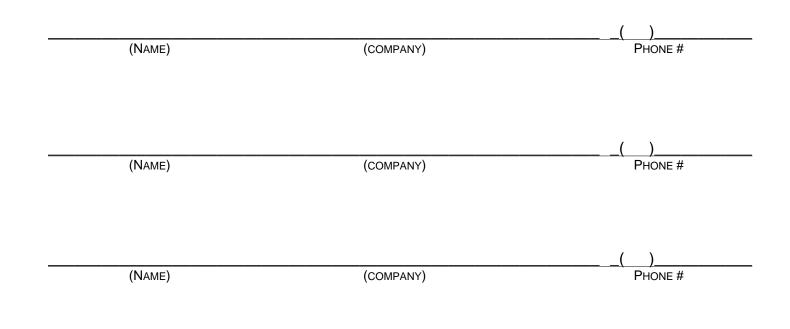
DATE	FOR WHICH POSITION AF	RE YOU APPLYING?	
NAME:		HOME PHONE	
BUSINESS PHONE	CELL PHC	DNE	-
ADDRESS:	EET	CITY	ZIP
		N YOU LEAGALLY WORK IN UNITED STATES	
HAVE YOU EVER BEEN CONVICTE	D OF A FELONY?	IF YES, EXPLAIN	
IF YOU AR BILINGUAL, WHAT LANG	GUAGES DO YOU SPEAK, REAL	D, OR WRITE?	
HAVE YOU HAD EXPERIENCE IN T	HE FOLLOWING:		
COMPUTERS	YES NO	FILING	YES NO
HEAVY PHONES		SCHEDULING APTS	
SCHEDULING PROCEDURES		MEDICAL TERMINOLOGY	
TRANSCRIPTION		MEDICAL BILLING	
COLLECTIONS		INSURANCE PROCESSING	
TAKING VITAL SIGNS		TAKING MEDICAL HISTORIES	
VENIPUCTURES		GIVING INJECTIONS	
READING LAB REPORTS		INSURANCE VERIFICATION	
EDUCATION:			
LAST HIGH SCHOOL ATTENDED)	LOCATION	GRADE COMPLETED
COLLEGE, TRADE SCHOOL OR SF	PECIAL TRAINING		
NAME OF SCHOOL	LOCATION	DATES ATTENDED DEGREE / CERTIFICATE	MAJOR
MEDICAL CERTIFICATES OR LICENSES:	TYPE LICENSES / CERTIFICATE	LICENSE / CERTIFICATE # DAT	E ISSUED STATE ISSUED
ARE YOUR LIC / CERT CURRENT?		LICENSE / CERTIFICATE # DAT	E ISSUED STATE ISSUED
ARE YOU APPLYING FOR FULL TIME WOR	K? ARE THERE ANY	Y TIMES WHICH YOU ARE NOT AVAILABLE FOR WORK	(?
WILL YOU BE ABLE TO WORK SOME OVE	RTIME 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



PREVIOUS EMPLOYMENT HISTORY

1. NAME OF MOST RECENT EMPLOYER

ADDRESS	TELEP	HONE NUMBER
POSITION HELD	LENG	TH OF EMPLOYMENT
DESCRIPTION OF JOB		
SUPERVISOR'S NAME	SALARY WHEN HIRED	SALARY UPON LEAVING
REASON FOR LEAVING		
	TELEP	HONE NUMBER
NAME OF EMPLOYER ADDRESS POSITION HELD		HONE NUMBER
ADDRESS		
ADDRESS POSITION HELD		

3. NAME OF EMPLOYER

ADDRESS	TEI	LEPHONE NUMBER
POSITION HELD	LEI	NGTH OF EMPLOYMENT
DESCRIPTION OF JOB		
SUPERVISOR'S NAME	SALARY WHEN HIRED	SALARY UPON LEAVING
REASON FOR LEAVING		
NAME OF EMPLOYER		
NAME OF EMPLOYER	TEI	EPHONE NUMBER
		EPHONE NUMBER
ADDRESS		
ADDRESS POSITION HELD		