

APPLICATION FOR EMPLOYMENT

Please type/print, and provide complete and accurate information.

NAL	Last Name First M					MI	Application Date:			
	Street Address Apt. #:						Socia	l Security #:		
	City, State, Zip						Hom	e Phone:		
PERSONAL	e-Mail Address:	Mail Address:			low were you referred to us?			Cell Phone:		
	Please list other names yo	Are you over 18? □ Yes □ No			Are you related to a current employee*? Yes No Please note we will not hire family members of existing employees.					
	Desired Position(s):									
Q	Desired Schedule/Hours: □ Full Time (35+ hrs/wk) □ Part Time (20-34 hrs/wk) □ Ltd Hour (0-20 hrs/wk) □ Fill-In (As Needed) □ Temporary									
DESIRE	Desired Earnings: Date Available to Start:									
POSITION DESIRED	Have you worked for Associated Physicians, LLP before? If yes, position held: Dates of Employment:									
	Have you ever applied to Associated Physicians, LLP before?									
	Should you be employed at Associated Physicians, LLP, do you plan to engage in any other employment? Yes No If yes, please explain:									
	Name of Educational Institution	Location (City, State)		Dates At	tended To	Years Completed	Co	ourse of Study/Major	Degree/ Diploma	
	High School:								□ Yes □ No	
	College/Technical:			Mo/Yr	M <u>o/Yr</u>				□ Yes	
EDUCATION	Graduate/Professional:			Mo/Yr	Mo/Yr				□ Yes	
	Other:			Mo/Yr	Mo/Yr				□ Yes □ No	
	License/Certification/Registry: State:		Issue Date:		Expiration Da	ate:	License #:			
	Please describe any othe	er awards scho	olarships (or activitie	es relevan	t to the positi	on fo	ı or which you are applyir	ισ·	

Please list employment below, starting with your most recent employer. Please complete ALL sections.

	Employer Name:		Position Held:	Hours/Week:				
EMPLOYMENT HISTORY	Street Address:		Dates of Employment From (Mo/Yr): To (Mo/Yr):					
	City, State, Zip:		Duties:					
	Supervisor Name & Title:	Supervisor Phone #:						
	May we contact for a reference? □ Yes □ No	Ending Salary:						
	Reason Employment Ended:							
	Employer Name:		Position Held:		Hours/Week:			
ORY	Street Address:		Dates of Employment From (Mo/Yr):	To (Mo/Yr):				
EMPLOYMENT HISTORY	City, State, Zip:		Duties:	10 (1010/11).				
OYMEN	Supervisor Name & Title:	Supervisor Phone #:						
EMPLC	May we contact for a reference? □ Yes □ No	Ending Salary:						
	Reason Employment Ended:							
	Employer Name:	Position Held:		Hours/Week:				
TORY	Street Address:		Dates of Employment From (Mo/Yr):	To (Mo/Yr):	<u> </u>			
T HIS	City, State, Zip:		Duties:					
EMPLOYMENT HISTORY	Supervisor Name & Title:	Supervisor Phone #:						
	May we contact for a reference? Ending Salary: □ Yes □ No							
	Reason Employment Ended:							
	Employer Name:		Position Held:		Hours/Week:			
EMPLOYMENT HISTORY	Street Address:	Dates of Employment From (Mo/Yr):	To (Mo/Yr):					
	City, State, Zip:		Duties:					
	Supervisor Name & Title: Supervisor Phone #:							
	May we contact for a reference? Ending Salary: ☐ Yes ☐ No							
	Reason Employment Ended:							

Is all previous work experience listed? Yes / No If no, please attach complete resume.

Please answer the following questions COMPLETELY and ACCURATELY.

BACKGROUND INFORMATION	Are	Are you eligible for employment in the United States? ☐ Yes ☐ No							
	of e	NOTE: The Federal Government requires verification of identity and eligibility for employment in the United States. Any offer of employment is contingent upon such verification.							
		Have you ever been discharged or requested to resign from any employer? ☐ Yes ☐ No If yes, please explain:							
		Have you ever been convicted of Medicare fraud? □ Yes □ No If yes, please explain:							
		Have you ever had your professional license or registration suspended or revoked? ☐ Yes ☐ No If yes, please explain:							
/B		Have you ever been convicted of a felony, misdemeanor, or other offense* (other than a traffic violation)? No If yes, please describe in full:							
	* C	onvictions will only be given co	nside	ration if the offenses are sub	stantially rel	ated to the job for which you are applying			
Plea	se ch	neck the skills/experience that	you h	nave that is relevant to the p	osition for w	rhich you are applying:			
	$\overline{\Delta}$	General:	\square	Medical:	\square	Patient Care:			
		PC		CPT/ICD Coding	_	Assessments			
		Typing WPM:		Terminal Digit Filing		Histories/Vitals			
		Multiline Telephone		Medical Insurance		Telephone Triage			
		Reception		Medical Terminology		Injections/Immunizations			
		Switchboard		Medical Transcription		Medication Administration			
		Appointment Scheduling		Chart Abstraction		Conscious Sedation			
LLS		Patient Registration		Computer Software:		Patient Education			
SKILLS		Cash Handling		Epic/Other EHR		Current BLS Certification			
		Insurance		Sunquest/Other LIS		Current ACLS Certification			
		Credit/Collections		Scheduling		IVs			
		Transcription/Dictation		Billing		Phlebotomy			
		Alpha/Numeric Filing		Word		EKGs			
		Supervisory Experience		Excel		X-Ray/Mammography			
	Plea	Please describe any other experience or skills that may qualify you for the position:							
	-	rovide three (3) PROFESSIONAl be contacted <u>in addition</u> to yo			-	ciates, instructors, etc., other than relatives			
		, 				_			

	Name & Occupation	Professional Relationship to Applicant	e-Mail Address	Daytime Phone #
ENCES				
REFERENCES				

FINAL STATEMENT OF APPLICATION AND SIGNATURE

I Hereby Certify That in Applying for Employment with Associated Physicians, LLP:

- I have provided true and complete Information in my employment application. I further certify that any information I may furnish during the interview process will be true and complete. I understand that any false statement made by me in this application, or any omission of information requested of me during the interview process will be cause for rejection of my application or for my dismissal if I am already employed by Associated Physicians, LLP.
- I have authorized Associated Physicians, LLP to investigate all information provided by me in this application and during the interview process. I also acknowledge that any offer of employment is contingent upon Associated Physicians, LLP obtaining satisfactory responses during this investigation. Except as otherwise noted in my application, I hereby authorize Associated Physicians, LLP to obtain; and all educational institutions, employers, and professional references named in my application to verify the information I have submitted and to provide any other information requested. I hereby release Associated Physicians, LLP and said educational institutions, employers and professional references from any and all liability and damage arising from their obtaining or providing information about my education, my employment history, and my suitability for employment as authorized in this application.
- I understand and agree that if I am employed, my employment is at-will and can be terminated at any time, with or without cause or with or without notice at the option of either Associated Physicians, LLP or me. I further understand that no representative of Associated Physicians is authorized to offer me employment except as is terminable at-will.
- I understand that employees of Associated Physicians, LLP may have access to confidential patient information in the course of their duties. I hereby agree to maintain the confidentiality of patient information and understand that unauthorized access to such information or release of such information may result in disciplinary action, up to and including termination.

I have read, understood and agreed to the conditions stated in the pa	ragraphs above.
∠ Signature of Applicant	Date

*** FOR HUMAN RESOURCES USE ONLY ***					
Position	Interview Date & Time	Interviewed By	Disp Code		