



Associated Physicians ^{LLP}

4410 REGENT STREET, MADISON, WI 53705

APPLICATION FOR EMPLOYMENT

Please type, and provide complete and accurate information.

PERSONAL	Last Name		First	MI	Application Date:	
	Street Address			Apt. #:	Social Security #:	
	City, State, Zip				Home Phone:	
	e-Mail Address:		How were you referred to us?		Cell Phone:	
	Please list other names you have been known by:		Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you related to a current employee*? <input type="checkbox"/> Yes <input type="checkbox"/> No * Please note we review familial applicants of current employees on a case-by-case basis*	

POSITION DESIRED	Desired Position(s):				
	Desired Schedule/Hours: <input type="checkbox"/> Full Time (35+ hrs/wk) <input type="checkbox"/> Part Time (20-34 hrs/wk) <input type="checkbox"/> Ltd Hour (0-20 hrs/wk) <input type="checkbox"/> Fill-In (As Needed) <input type="checkbox"/> Temporary				
	Desired Earnings:		Date Available to Start:		
	Have you worked for Associated Physicians, LLP before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, position held: _____ Dates of Employment: _____				
	Have you ever applied to Associated Physicians, LLP before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what position? _____ Date of Prior Application: _____				
	Should you be employed at Associated Physicians, LLP, do you plan to engage in any other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				

EDUCATION	Name of Educational Institution	Location (City, State)	Dates Attended From To	Years Completed	Course of Study/Major	Degree/Diploma
	High School:					<input type="checkbox"/> Yes <input type="checkbox"/> No
	College/Technical:		<u>Mo/Yr</u> <u>Mo/Yr</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Graduate/Professional:		<u>Mo/Yr</u> <u>Mo/Yr</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other:		<u>Mo/Yr</u> <u>Mo/Yr</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
	License/Certification/Registry:		State:	Issue Date:	Expiration Date:	License #:
Please describe any other awards, scholarships or activities relevant to the position for which you are applying:						

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

EMPLOYMENT HISTORY	Employer Name:		Position Held:	Hours/Week:		
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary:				
	Reason Employment Ended:					

EMPLOYMENT HISTORY	Employer Name:		Position Held:	Hours/Week:		
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary:				
	Reason Employment Ended:					

EMPLOYMENT HISTORY	Employer Name:		Position Held:	Hours/Week:		
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary:				
	Reason Employment Ended:					

EMPLOYMENT HISTORY	Employer Name:		Position Held:	Hours/Week:		
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ending Salary:				
	Reason Employment Ended:					

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

Please answer the following questions COMPLETELY and ACCURATELY.

BACKGROUND INFORMATION	Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
	Have you ever been convicted of Medicare fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
	Have you ever had your professional license or registration suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
	Have you ever been convicted of a felony, misdemeanor, or other offense* (other than a traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in full:
* Convictions will only be given consideration if the offenses are substantially related to the job for which you are applying	

Please check the skills/experience that you have that is relevant to the position for which you are applying:

SKILLS	<input checked="" type="checkbox"/> General:	<input checked="" type="checkbox"/> Medical:	<input checked="" type="checkbox"/> Patient Care:
	<input type="checkbox"/> PC	<input type="checkbox"/> CPT/ICD Coding	<input type="checkbox"/> Assessments
	<input type="checkbox"/> Typing WPM: _____	<input type="checkbox"/> Terminal Digit Filing	<input type="checkbox"/> Histories/Vitals
	<input type="checkbox"/> Multiline Telephone	<input type="checkbox"/> Medical Insurance	<input type="checkbox"/> Telephone Triage
	<input type="checkbox"/> Reception	<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Injections/Immunizations
	<input type="checkbox"/> Switchboard	<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Medication Administration
	<input type="checkbox"/> Appointment Scheduling	<input type="checkbox"/> Chart Abstraction	<input type="checkbox"/> Conscious Sedation
	<input type="checkbox"/> Patient Registration	<input checked="" type="checkbox"/> Computer Software:	<input type="checkbox"/> Patient Education
	<input type="checkbox"/> Cash Handling	<input type="checkbox"/> Epic/Other EHR	<input type="checkbox"/> Current BLS Certification
	<input type="checkbox"/> Insurance	<input type="checkbox"/> Sunquest/Other LIS	<input type="checkbox"/> Current ACLS Certification
	<input type="checkbox"/> Credit/Collections	<input type="checkbox"/> Scheduling	<input type="checkbox"/> IVs
	<input type="checkbox"/> Transcription/Dictation	<input type="checkbox"/> Billing	<input type="checkbox"/> Phlebotomy
	<input type="checkbox"/> Alpha/Numeric Filing	<input type="checkbox"/> Word	<input type="checkbox"/> EKGs
	<input type="checkbox"/> Supervisory Experience	<input type="checkbox"/> Excel	<input type="checkbox"/> X-Ray/Mammography
	Please describe any other experience or skills that may qualify you for the position:		

Please provide three (3) PROFESSIONAL references (former coworkers, industry associates, instructors, etc., other than relatives) who may be contacted in addition to your current/previous supervisors/employers.

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

