

APPLICATION FOR MUENSTER FAMILY MEDICAL CLINIC, LLC EMPLOYMENT

Please write legibly

Date: _____ What position are you applying for? _____

Name: _____

Telephone: Home () _____ Social Security No. _____
 Business () _____ Work Permit No. _____
 (If a minor and if applicable)

Address: _____
 Street City State Zip

Can you legally work in the United States? Yes No (Please provide proof: Copy of valid driver's license, social sec. card, etc.)

Have you ever been convicted of a felony? Yes No

* If you are bilingual, what languages do you speak, read, or write? _____

(* This question may only be asked if it is job related.)

EXPERIENCE AND SKILLS

Have you had experience in the following: (Check the last column space if NOT within the last three years.)

	Yes	No	# of Yrs.	Prior to 3 years ago		Yes	No	# of Yrs.	Prior to 3 years ago
Typing (W.P.M. ____)									
Receptionist									
Computer skills									
Computerized bookkeeping									
Account collections									
Billing					Nursing				
Fee Collection					Sterile Technique				
Insurance precert					Surgical Assistant				
Charting									
Dictation									
CPR training									
					Other:				

EDUCATION

Last high school attended	Location	Check last grade completed
		9 10 11 12

COLLEGE, TRADE SCHOOL, OR SPECIAL TRAINING

Name of school	Location	Dates attended	Degrees/Certificates	Major

INDICATE CURRENT CERTIFICATES OR LICENSES

Post-graduate seminars taken in the last 2 years: _____

Are all certificates current? Yes _____ No _____

Circle days of week you will not be available to work.

Check time willing to work: Days _____ Evenings _____ No. of days per week _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Overtime occasionally if necessary

Hours per week _____

Can your future vacations be arranged at the convenience of the office?

Full-time _____ Part-time _____

Yes _____

No _____

If offered employment, when can you start? _____

Have you given notice to your present employer?

Yes _____

No _____

Please explain: _____

Do you smoke? _____

Yes _____

No _____

What is your anticipated length of employment? _____

Salary requirement: _____

PREVIOUS EMPLOYMENT

List present, or most recent, position first. Please cover last 10 years of employment. Resume may be substituted for employment history detail. May we contact your present employer? Yes _____ No _____

1.	Name of employer	Your last name while employed				
	Address	Telephone number ()				
	Position					
	Office Manager	Receptionist	Insurance Clerk	Nursing	Lab Technician	Other
	Description of your job					
	Dates of employment		Length of employment			
	Date hired	Date separated	Years	Months		
	Earnings	Salary when hired \$ _____		Salary at separation \$ _____		
	Reason for leaving					
	Supervisor's name	Title	Telephone number ()			

2.

Name of employer		Your last name while employed	
Address		Telephone number ()	
Position Office Manager Receptionist Insurance Clerk Nursing Other			
Description of your job			
Dates of employment		Length of employment	
Date hired	Date separated	Years	Months
Earnings	Salary when hired \$ _____	Salary at separation \$ _____	
Reason for leaving			
Supervisor's name	Title	Telephone number ()	

3.

Name of employer		Your last name while employed	
Address		Telephone number ()	
Position Office Manager Receptionist Insurance Clerk Nursing Other			
Description of your job			
Dates of employment		Length of employment	
Date hired	Date separated	Years	Months
Earnings	Salary when hired \$ _____	Salary at separation \$ _____	
Reason for leaving			
Supervisor's name	Title	Telephone number ()	

4.

Name of employer		Your last name while employed	
Address		Telephone number ()	
Position Office Manager Receptionist Insurance Clerk Nursing Lab Technician Other			
Description of your job			
Dates of employment		Length of employment	
Date hired	Date separated	Years	Months
Earnings	Salary when hired \$ _____	Salary at separation \$ _____	
Reason for leaving			
Supervisor's name	Title	Telephone number ()	

In addition to your work experience, what other experiences, skills, or qualifications would especially prepare you to work in our office?

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself the same right.

I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

Signature of applicant

Date

PRE-INTERVIEW INFORMATION

Complete the following information in your own handwriting.

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. Briefly describe your short-term (1-year) employment goals.

4. Briefly describe your long-term (5-year) employment goals.