APPLICATION FOR MEDICAL OFFICE EMPLOYMENT

DATE: (Please w	For w	For which position are you applying:			
NAME:		Date of Birth:	email:		
TELEPHONE:	Home ()		Social Security #:		
	Business()		Work Permit #: (If a minor and if applicable)		
ADDRESS:					
	Street	City	Zip		
Can you legally wo	ork in the United States	?YES	NO (Please provide proof)		
Have you been cor	nvicted of a felony:	YES	NO		

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

EXPERIENCE AND SKILLS Have you had experience in the following:					
	YES	NO		YES	NO
Typing (W.P.M.)			Insurance Processing		
Filing			Do EKGs		
Heavy phones			Do venipunctures		
Know medical terminology			Do throat cultures		
Word processing			Urinalysis by dipstick		
Computer billing			Give injections		
Account collections			Supply & instrument inventory/ordering		

List any other procedures with which you have assisted:

EDUCATION			
Last High School Attended	Location	Check last grade completed	Graduation Year
		9 10 11 12	

COLLEGE, TRADE SCHOOLS OR SPECIAL TRAINING				
Name of School	Location	Dates Attended	Degrees/Certificates	Major

Check time willing to work:

Circle days of weeks you will not be available to work. MON TUES WED THRUS FRI

___Days __Evenings No. of days per week ____ ____Overtime if needed.

____ Full time ____ Part time ____ Hours per week

Can your future vacations be arranged at the convenience of the office? ____ YES ____ NO

If offered employment, when can you start:

 Please explain: _____

 Have you given notice to your present employer:

___Yes ___No Have you ever been bonded? ___Yes ___No Do you know of any reason why you cannot be Bonded? ____

Do you smoke? ___Yes ___No

Do you have any fringe benefit needs? ___Yes ___No

What is your anticipated length of employment? _____

Salary Requirements (Please specify amount):

PREVIOUS EMPLOYMENT

List present or most recent position first. Please cover your last three employments. Resume' may be substituted for employment history detail. May we contact your present employer? ___Yes ___No

1.		
Name of Employer	Your last name while emp	bloyed
Address	Telephone Number	
	()	
Position		
Office ManagerReceptionist	BookkeeperDental Assist Hygienist	Lab TechOther
Description of your job:		
Dates of employment:	Length of Employment	Years
Date Hired: Date S	eparated:	Months
Earnings		
Salary When Hired:	Salary at Separation:	
Reason for Leaving:		
Supervisor's Name:	Telephone Number	
-	()	

2.						
Name of Employer			Your last n	name while emp	ployed	
Address			Telephone	Number		
			()			
Position						
Office Manager	_Receptionist	Bookkeeper	Dental Assist	_ Hygienist _	Lab Tech	_Other
Description of your	job:					
Dates of employmer			Length of	Employment	Years	
Date Hired:	Date	Separated:			Months	
Earnings						
Salary When Hired:			Salary at	Separation:		
Reason for Leaving:	:					
Supervisor's Name:			Telephon	e Number		
			()			

3.		
Name of Employer		Your last name while employed
Address		Telephone Number
		()
Position		
Office ManagerReceptie	onistBookkeeper	Dental Assist Hygienist Lab TechOther
Description of your job:		÷ -
Dates of employment:		Length of Employment Years
Date Hired:	Date Separated:	Months
Earnings		
Salary When Hired:		Salary at Separation:
Reason for Leaving:		
Supervisor's Name:		Telephone Number
		()

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

REFERENCES: Please provide a employment.	at least three references, one from your	last three places of
Name	Address	Telephone Number

TERMINATION OF EMPLOYMENT:

At Will: Policy Statement. Your employment with Zahir Yousaf MD FCCP is at will. This means your employment is for an indefinite period of time and it is subject to termination by you or Zahir Yousaf MD FCCP, with or without cause, with or without notice, and at any time.

Two weeks' notice is required should you decide to terminate your employment with this office. In turn, you will be given two weeks' notice should this office decide to terminate your employment.

I UNDERSTAND THE INFORMATION ON THIS APPLICATION IS SUBJECT TO VERIFICATION AND I
FURTHER UNDERSTAND THAT ANY FALSE STATEMENTS MAY BE CAUSE FOR DISMISSAL IF
HIRED.

Signature of Applicant: _____

Date: _____