

Have you ever been refused a bond? Yes No

Have you ever been convicted, pled guilty or pled "No Contest" to a misdemeanor or felony (including DUI, DWI, etc.) in a court other than for a traffic violation? Yes No

If yes, please explain: _____

Do you currently have any type of contract with another employer? Yes No

If yes, please explain: _____

Have you ever been discharged from a job or forced to resign? Yes No

If yes, please explain: _____

Education

Circle Highest Grade Completed	Name of School and Complete Address	Course of Study	
High School 9 10 11 12			Graduated? Year: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
College 1 2 3 4			Degree Year
Vocational or Business School			Degree Year
Graduate School or Other Training			Degree Year

Professional Licenses and Certifications

Type of License	License #	State	Expiration Date

Have any of your Professional Licenses been revoked, suspended, limited, or not renewed in any state? Yes No N/A

Have your clinical privileges at an institution ever been revoked, suspended, reduced, limited, voluntarily surrendered or not renewed in any state? Yes No N/A

Have you ever been denied professional liability insurance? Yes No N/A

Have any professional liability suits or claims ever been filed against you? Yes No N/A

Has any malpractice claim ever resulted in a settlement or judgment against you? Yes No N/A

If yes to any of the above questions, please explain: _____

List all additional experience, training, education, skills or qualifications related to the position for which you are applying:

Typing _____ WPM

Secretarial / Admin. Asst.

Computer Software:

Medical Terminology

Patient Care

Supervision

Accounting / Bookkeeping

Mechanical / Electrical

Medical Transcription / Coding

Other _____

Employment History

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. If work experience has not been continuous, please explain. Resumes may not be substituted for completion of this section of the application. Incomplete applications will not be considered. Use additional page, if needed.

May we contact your present employer? Yes No

Employer _____ Address _____ City/State/Zip _____ Phone _____ Supervisor _____ Dates Employed _____ Salary/Pay _____	Position _____ Responsibilities _____ _____ _____ Reasons For Leaving _____ Start _____ End _____
Employer _____ Address _____ City/State/Zip _____ Phone _____ Supervisor _____ Dates Employed _____ Salary/Pay _____	Position _____ Responsibilities _____ _____ _____ Reasons For Leaving _____ Start _____ End _____
Employer _____ Address _____ City/State/Zip _____ Phone _____ Supervisor _____ Dates Employed _____ Salary/Pay _____	Position _____ Responsibilities _____ _____ _____ Reasons For Leaving _____ Start _____ End _____

References (Non-Relative)

Name	Address	Phone

