

MED-SCRIBE INC



HEALTHCARE RECRUITERS

345 Woodcliff Drive Fairport, NY 14450
Phone: (585) 586-0790 Fax: (585) 586-0989
E-mail: medjobs@medscribe.com
www.medscribe.com

Name: _____
(Last) (First) (Middle)

Have you worked under another name? _____ List: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Position Applied for: _____

Alternate Phone Number: _____ E-mail: _____ Are you able to temp? _____

Hours per week sought: _____ Are you currently employed? _____

Professional Registration Number: (If licensed) _____ Expires: _____

Are you over the age of 18? _____ Hours available: _____

Salary Desired: _____ Date available: _____

Geographic location in which you will accept assignments: _____

Are you a US Citizen? _____ Have you ever been convicted of a crime? _____

If yes, please list: _____

EDUCATION:

High School	Address	Diploma Received
_____	_____	_____

College/Business School	Address	Degree Received
_____	_____	_____

PERSONAL REFERENCES: (Not relatives, who you have known for at least one year)

Name	Address	Phone	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Do you object to Med-Scribe making inquiries regarding your qualifications and job performance? _____

If so, where? _____

Where did you learn about Med-Scribe? _____

Have you applied to Med-Scribe, Inc. in the past? _____

WORK EXPERIENCE: (Please fill out your past 5 years of employment history starting with the most recent position first. Incompleteness will not be interpreted in your favor.) **IF YOU HAVE ADDITIONAL WORK EXPERIENCE PLEASE LIST ON AN ATTACHED SHEET.**

Start: _____ End: _____ Starting Salary: _____ Ending Salary: _____

Name and address of Employer: _____

Phone: _____ Hours per week: _____ Position: _____

Name and Title of supervisor: _____

Reason for leaving: _____

Description of job responsibilities: _____

Start: _____ End: _____ Starting Salary: _____ Ending Salary: _____

Name and address of Employer: _____

Phone: _____ Hours per week: _____ Position: _____

Name and Title of supervisor: _____

Reason for leaving: _____

Description of job responsibilities: _____

Start: _____ End: _____ Starting Salary: _____ Ending Salary: _____

Name and address of Employer: _____

Phone: _____ Hours per week: _____ Position: _____

Name and Title of supervisor: _____

Reason for leaving: _____

Description of job responsibilities: _____

I declare that the statements made in this application (including statements made in accompanying papers) have been examined by me and that they are true and correct. I understand that falsification of this application is grounds for immediate termination.

Signature: _____ Date: _____