



HEALTHCARE RECRUITERS
535 Willowbrook Office Park, Fairport NY 14450
Phone: (585) 586-0790 Fax: (585) 586-0989
E-mail: medjobs@medscribe.com
Website: 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: (____) _____ Email: _____ Are you able to temp? _____

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

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

If licensed professional, has your license to practice in any jurisdiction ever been denied, terminated, limited, revoked, suspended, or voluntarily / involuntarily subject to probationary terms, or is there a pending action or challenge to do so? _____

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

Salary Desired: _____ Date Available: _____

Geographic location(s) in which you will accept assignments: _____

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

If yes, please list (include date of convictions): _____

EDUCATION:

High School _____ Address _____ Diploma Received _____

College/Business School _____ Address _____ Diploma 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, Inc. making inquiries regarding your qualifications and job performance? _____

If so, where: _____

Where did you learn about Med-Scribe, Inc.? _____

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

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: _____

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Phone: _____ Hours per week: _____ Position: _____
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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 any 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: _____



Voluntary Affirmative Action Information

Med-Scribe Inc is an Equal Opportunity Employer. We consider applicants for positions without regard to sex, race, color, religion, national origin, age, veteran's status, disability, or any other legally protected status. We are enrolled in an Affirmative Action program that allows us to measure our success in ensuring we are a diverse workforce.

We request your cooperation in providing the following information which will be used in accordance with federal and state statutes and regulations regarding Equal Opportunity and Affirmative Action. Providing this information is voluntary. All information received remains separate from your employment application and is not used in any way during the interviewing or hiring process and is kept separately from employment documents.

If you choose not to provide this information, check the space below indicating your decision.

Date: _____

Position applied for: _____

First name: _____

Last name: _____

Source: _____ (where you heard about this job)

Check Male Female

Check one of the following:

- Caucasian
- Black or African American
- Hispanic or Latino
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Two or more races

- Decline to answer