



HEALTHCARE RECRUITERS

**345 Woodcliff Drive
Fairport, NY 14450
(585) 586-0790
MedScribe.com**

Name: _____
(Last) (First)

Have you ever worked under another name? _____ List: _____

Address: _____
Street City State Zip

Phone Number: _____ Position applied for: _____

Social Security Number: _____ Temporary _____ Temp to Direct Hire _____ Direct Hire _____

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

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

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

Salary desired: _____ Date available: _____

Geographic location in which you will accept assignments: _____

Are you a U.S. citizen? _____ Have you ever been convicted of a crime? _____

If yes, please list: _____

EDUCATION:

High School Address Diploma Received

College/Business School Address Dates Diploma Received

PERSONAL REFERENCES: (Not relatives, who have known you 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? _____

SKILLS: (Should have one year experience in checked skills)

Typing Speed: _____ Dictaphone: _____ Data Entry Speed: _____ General Software: _____
Medical Terms: _____ HMO Billing: _____ Medicare Billing: _____
Medicaid Billing: _____ Medical office specialty software: _____ Manual appt. scheduling: _____
Computerized appt. scheduling: _____ MD Office Experience: Specialty and number of years experience: _____
Switchboard/Number of lines: _____ Home Care/Aide Co-ordination: _____ Diagnosis Coding: _____
Medical Records Filing: _____ Clinical Skills: Lab Skills: _____ EKG: _____ CPR: _____
Other: _____

WORK EXPERIENCE: (Incompleteness will not be interpreted in your favor. Start with the most recent position first.)

DATES OF EMPLOYMENT:

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: _____

DATES OF EMPLOYMENT:

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Phone: (____) _____ Hours per week: _____ Position: _____

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Phone: (____) _____ Hours per week: _____ Position: _____

Name and Title of supervisor: _____

Reason for leaving: _____

Description of job responsibilities: _____

IF YOU HAVE ADDITIONAL WORKING EXPERIENCE PLEASE LIST ON AN ATTACHED SHEET.

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



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RELEASE OF INFORMATION

I hereby give my permission to MED-SCRIBE to make any inquiries concerning my job performance or character deemed necessary. I release any giver of information from any liability in connection with disclosures. I understand that references are confidential and I waive any right to examine them.

Signature

Date

Please check one

- I hereby give my permission to forward my resume to any clients that Med-Scribe feels appropriate. I hold Med-Scribe harmless for any damages arising thereof.
- Please only forward my resume on pre-approval.

Signature

Date

Witness

Date