



# MED-SCRIBE

## HEALTHCARE RECRUITERS

535 Willowbrook Office Park, Fairport, NY, 14450  
Phone: (585) 586-0790 Fax: (585) 586-0989 Toll Free: 1-800-278-1463  
E-mail: medjobs@medscribe.com Website: [www.medscribe.com](http://www.medscribe.com)

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Have you worked under another name? \_\_\_\_\_ If so, Please list: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Position applied for (please reference job number): \_\_\_\_\_ Are you currently employed?: \_\_\_\_\_

Hours per week sought: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Are you able to temp? \_\_\_\_\_ Are you over the age of 18? \_\_\_\_\_

Are you a US citizen? \_\_\_\_\_ Days and Hours available: \_\_\_\_\_ Date available to start: \_\_\_\_\_

<b>ALL LICENSED PROFESSIONALS MUST COMPLETE OR YOUR APPLICATION WILL NOT BE CONSIDERED</b>	
Professional Registration Number: (If licensed) _____	Expires: _____
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? _____ If yes, explain: _____	
Have you ever been asked to resign or face termination? _____ If yes, explain: _____	

Geographic location(s) in which you are willing to accept a position: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please list (include dates) and explain: \_\_\_\_\_

Criminal convictions are not necessarily a bar to employment. We evaluate the job-relatedness of the conviction, the nature and gravity of the criminal offense or conduct, the nature of the job (including where it is performed, how much supervision and interaction with others the employee will have and how much time has passed since the offense or sentence.

Education:	Address	Diploma Received
High School	_____	_____
College/Business School	_____	_____

Personal References: (no relatives, who have known you for at least one year)		
Name	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:** Start with the most recent position first. (Incompleteness will not be interpreted in your favor)

**DATES OF EMPLOYMENT:** Individual jobs need to be listed and questioned answered for each position held for the last 5 years.

1. Start: \_\_\_\_\_ End: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

2. Start: \_\_\_\_\_ End: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

3. Start: \_\_\_\_\_ End: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

4. Start: \_\_\_\_\_ End: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

5. Start: \_\_\_\_\_ End: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

6. Start: \_\_\_\_\_ End: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

7. Start: \_\_\_\_\_ End: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

8. Start: \_\_\_\_\_ End: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

9. Start: \_\_\_\_\_ End: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Hours per week: \_\_\_\_\_ Position: \_\_\_\_\_

Name and Title of supervisor: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Description of job responsibilities: \_\_\_\_\_

10. Start: \_\_\_\_\_ End: \_\_\_\_\_

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 the statements made in any accompanying papers) are true and correct. I understand that falsification of this application is grounds for immediate termination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

  
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**Voluntary 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 request your cooperation in providing the following information which will be used in accordance with federal and state statutes and regulations regarding Equal Opportunity.

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 one of the following:       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