

3. EDUCATION	Name and Location of School	Subject Studies	Graduate? (Yes/No)	Years/Units Completed	Degree Held
High School					
College					
Trade/Business School					

4. SKILLS

Please indicate your skills by checking the appropriate boxes:

<input type="checkbox"/> Bookkeeping <input type="checkbox"/> Central Supply <input type="checkbox"/> Data Entry (KSPH) _____ <input type="checkbox"/> Insurance Billing (List types) _____ <input type="checkbox"/> Legal Terminology <input type="checkbox"/> Medical Claims Processing <input type="checkbox"/> Medical Coding <input type="checkbox"/> ICD-9 <input type="checkbox"/> CPT <input type="checkbox"/> RVS	<input type="checkbox"/> Dental Terminology <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Pharmacy Terminology <input type="checkbox"/> Phone <input type="checkbox"/> Multiline (# of lines) _____ <input type="checkbox"/> Ten Key <input type="checkbox"/> Touch <input type="checkbox"/> Sight <input type="checkbox"/> Typing (WPM) _____ <input type="checkbox"/> Word Processing Systems _____ <input type="checkbox"/> Other _____
--	---

5. LICENSURE

If you are applying for a position requiring a current valid license, complete the following:
(Check the appropriate box and complete this section.)

<input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> SALES	<input type="checkbox"/> COURIER <input type="checkbox"/> PHARMACIST/TECH. <input type="checkbox"/> X-RAY TECH.	<input type="checkbox"/> OTHER _____
---	---	--

Current Professional Registration, License or Certification, or Driver's License if applicable:

Type	Status	Number	Expiration Date

Has your license/certification ever been revoked or suspended? Yes No

If yes, state reason(s), date of revocation/suspension, and date of reinstatement: _____

6. EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT FOR THE PAST TEN YEARS (ACCOUNT FOR ALL PERIODS OF UNEMPLOYMENT).

This section must be completed even if attaching a resume. Please complete in full the telephone numbers, addresses and names of supervisors. Attach additional pages as necessary.

PLEASE PRINT IN INK
OR TYPE

PRESENT EMPLOYER

Present or most recent position: _____ Employer: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip </div> Name and Title of Most Recent Supervisor: _____ Current or Last Position Title and Duties: _____ _____ Starting Position Title and Duties: _____ _____ Reason for Leaving or Seeking New Employment: _____	<p>EMPLOYED</p> From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total Yrs. _____ Mos. _____
	<p>Base Pay</p> Start: _____ End: _____
	<p>Other Compensation Commissions, Bonus, etc</p> _____
	If you are a final candidate for a position within our company, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

1ST PREVIOUS EMPLOYER

Employer: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> Street City State Zip </div> Name and Title of Most Recent Supervisor: _____ Position Title and Duties: _____ _____ Reason for Leaving or Seeking New Employment: _____	<p>EMPLOYED</p> From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total Yrs. _____ Mos. _____
	<p>Base Pay</p> Start: _____ End: _____
	<p>Other Compensation Commissions, Bonus, etc</p> _____

2ND PREVIOUS EMPLOYER

Employer: _____ Address: _____ Street City State Zip Name and Title of Most Recent Supervisor: _____ Position Title and Duties: _____ _____ Reason for Leaving or Seeking New Employment: _____	EMPLOYED From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total Yrs. _____ Mos. _____
	Base Pay Start: _____ End: _____
	Other Compensation Commissions, Bonus, etc _____

3RD PREVIOUS EMPLOYER

Employer: _____ Address: _____ Street City State Zip Name and Title of Most Recent Supervisor: _____ Position Title and Duties: _____ _____ Reason for Leaving or Seeking New Employment: _____	EMPLOYED From: Mo. _____ Yr. _____ To: Mo. _____ Yr. _____ Total Yrs. _____ Mos. _____
	Base Pay Start: _____ End: _____
	Other Compensation Commissions, Bonus, etc _____

7. REFERENCES

(Give names of three persons, not related to you, who you have known for at least one year.)

Name	Relationship	Daytime Telephone	Years Known
_____	_____	_____	_____
_____	_____	_____	_____

8. ACTIVITIES/EXPERIENCES

List any activities, experiences, achievements, or other special skills not mentioned elsewhere that relate to the position(s) for which you are applying (e.g., computer languages, computer hardware, software packages, microcomputers, machine/equipment familiarity, etc.)

9. AUTHORIZATION AND ACKNOWLEDGMENT

Please Read Carefully and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.

I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

If I am employed and my employment is subsequently terminated, and I contend that such termination was wrongful or otherwise in violation of the conditions of employment or was in violation of any express or implied condition, term or covenant of employment, whether founded in fact or in law, including but not limited to the covenant of good faith and fair dealing, or otherwise in violation of any of my rights, I and Employer agree to submit any such matter to binding arbitration pursuant to the provisions of Title 9 of Part III of the California Code of Civil Procedure, commencing at Section 1280 et seq. or any successor or replacement statutes. I and Employer further expressly agree that in any such arbitration, my exclusive remedies for violation of the terms, conditions or covenants of employment shall be limited to a sum equal to the wages I would have earned from the date of any discharge until the date of the arbitration award. I understand that I shall not be entitled to any other remedy, at law or in equity, including but not limited to reinstatement and/or injunctive relief.

I understand that I am required to abide by the policies and guidelines established by the Company.

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I certify that I have read, understand and agree to the above information and to the best of my knowledge and belief, the information on this application form is true and correct.

Applicant Signature

Date



The Care You Need At A Cost You Can Afford

