



# EMPLOYMENT APPLICATION

Full Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ SS#: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Position Desired: \_\_\_\_\_ Full Time  Part Time

## EDUCATION

HighSchool(CircleOne)	Diploma Awarded	GED Completed	Not Completed
School/Location: _____			
College/TradeSchool(CircleOne)	Bachelors	Associates	Certificate Not Completed
School/Location: _____			Last year attended: _____
School/Location: _____			Last year attended: _____
School/Location: _____			Last year attended: _____

## LICENSES/CERTIFICATIONS

Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 Type: \_\_\_\_\_ Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

## EXPERIENCE/SKILLS (Circle all that apply)

### GENERAL OFFICE SKILLS

- Typing \_\_\_\_\_ WPM
- Ten Key
- Multi-line Phone\_# Lines
- Appointment Scheduling
  - manually
  - computer program used
- Schedule Ancillary Services
- Collect Co-pays
- Maintain Records
- Insurance
- Verification/Authorization Prepare
- Fee Slip (Superbill) Medical
- Terminology
- Insurance Billing
- CPT Coding
  - manually
  - Computer Program \_\_\_\_\_
- Pegboard System
- Co-Pays
- ICD-Coding

### BOOKKEEPING

- General Ledger
- A/R
- A/P
- Quarterly Taxes
- Payroll Taxes
- Payroll
- Balance Day Sheets
  - manually
  - Computer Program \_\_\_\_\_
- Reconcile Bank Statements
- Monthly Reports

### BACK OFFICE (MEDICAL SKILLS)

- Sterile Setup
- Vitals
- X-Ray
- EKG's
- Change Dressing
- Finger/Hand Stick
- Patient History
- Telephone Triage
- Injections
- Start IV
- Refill Rx
- Urinalysis
- Blood Draw
- Spirometry
- Venepuncture
- Phlebotomy
- Radiology Tech
- MT or MLT

### SOFTWARE SKILLS

- IBM
- Macintosh
- Windows
- Medical Manager
- Medic
- Lyttec
- Wisner Martin
- Quickbooks
- Word
- Excel
- Access
- Publisher
- Any EMR Used \_\_\_\_\_
- Other: \_\_\_\_\_

### LANGUAGES SPOKEN:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT HISTORY:** (List in chronological order starting with your last or current employer.)

Last or Present Employer: \_\_\_\_\_ Date Started: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Title: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Were you terminated? Yes No Reason for Leaving: \_\_\_\_\_  
May we contact your employer? Yes No Name of Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Date Started: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Title: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Were you terminated? Yes No Reason for Leaving: \_\_\_\_\_  
May we contact your employer? Yes No Name of Supervisor: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Date Started: \_\_\_\_\_  
City/State: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date Left: \_\_\_\_\_  
Title: \_\_\_\_\_ Starting Wage: \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Were you terminated? Yes No Reason for Leaving: \_\_\_\_\_  
May we contact your employer? Yes No Name of Supervisor: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_  
Have you ever been convicted of a felony? Yes No If yes, please provide details: \_\_\_\_\_

Do you have any physical limitations or restrictions that could interfere with the performance of the duties associated with the type of employment you are seeking? Yes No If yes, please explain below:

On what date are you available to begin work? \_\_\_\_\_  
What is the ideal number of hours you would like to work per week? \_\_\_\_\_  
What is the minimum number of hours per week you would accept? \_\_\_\_\_  
What is your desired starting salary/wage? \_\_\_\_\_  
What is the minimum salary/wage you would accept to start? \_\_\_\_\_

How did you hear about our position? Newspaper Friend Co-Worker/Supervisor  
Relative Other: \_\_\_\_\_

**PROFESSIONAL REFERENCES:**

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Relationship to you (supervisor, co-worker, etc.) \_\_\_\_\_  
Where did you work together? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to you (supervisor, co-worker, etc.) \_\_\_\_\_

Where did you work together? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to you (supervisor, co-worker, etc.) \_\_\_\_\_

Where did you work together? \_\_\_\_\_ Contact Phone: \_\_\_\_\_

I hereby give my consent for employee(s) of Arthritis Northwest to obtain a criminal background check (State and/or Federal) and to contact my references for the purpose of verifying my work history and obtaining statements from past/present employers, co-workers, and/or subordinates pertaining to my work habits, attitudes, and reliability (except actions that will adversely affect my present employment). I release Arthritis Northwest and its employees from all liability as it relates to the above actions. I further consent to the release of the information obtained to potential employers.

I understand that misrepresentations or omission of facts called for in this application or the presentation of false or misleading documents, certificates, or licenses will be sufficient cause for cancellation of consideration for employment or dismissal from employment.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE



**APPLICANT'S AUTHORIZATION FOR RELEASE AND TRANSFER OF  
INFORMATION  
ARTHRITIS NORTHWEST, P.L.L.C.**

I hereby authorize **Arthritis Northwest, P.L.L.C.**, its employees, agents, professional investigators, or any representative of the above-named company, to perform investigations into my background, past behavior, character, and reputation. I understand that information obtained pursuant to this consent shall be treated as confidential.

I authorize custodians of the records of any government agency or independent company as described herein to release and transfer such information upon request of any investigator, agent, or representative of **Arthritis Northwest, P.L.L.C.** I understand that any or all of these investigations or inquiries can be performed prior to and periodically throughout the duration of my employment.

Investigative reports may include:

- Name and Social Security Number verification
- Geographic residencies
- Birth date verification
- Criminal history or arrest records
- Motor vehicle record

I understand that the investigated information found may be re-released only as authorized by law. I understand that I am entitled to request from the company a written disclosure of the nature and scope of the investigation conducted that I authorized above if:

1. Any adverse action/decision is made based on the information in the investigative report and 2. If the request is made in writing within 60 days of the adverse action. Upon my written request to **Arthritis Northwest, P.L.L.C.**, and at no cost to me, I will be provided within 10 working days with a printed copy of the information about me. If after my review of such information I can show that any of the information is incorrect or incomplete, such information will be corrected and/or completed as soon as responsibly practical.

I believe to the best of my knowledge that all information I have provided is accurate and that I fully understand the terms of this release. I indemnify the release and hold harmless the company and agents of the company or others reporting to or for the company, any investigators, all former employers, and reporting agencies from any and all claims defamation, demands, and/or liabilities arising out of, or related to, such investigators, disclosers, or admissions.

Copies and facsimile transmissions of this authorization that show my signature are as valid as the original release I signed. The information contained below is to be used only for identification and investigative purposes only.

**TO BE COMPLETED BY APPLICANT ONLY:**

Last Name		First Name		MI	Date of Birth		Social Security Number	
City, State of Birth		Current Address			City		State	Zip
Other Last Names or Aliases Used				Driver's License #			State DL Issued	
Addresses of Residency: Previous 10 years		City	State	Zip	From/To (Yrs)			

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE