



Preventive Medicine, PC

Application for Employment

PERSONAL INFORMATION				
Last Name		First Name		Middle Initial
Street Address				Social Security Number
City			State	Zip Code
Are you at least 16 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			How were you referred to Preventive Medicine, PC?	
Have you ever worked for an employer under a name other than the one you are currently using? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please list the name: _____				
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____				
EDUCATION				
Schools	Names and Locations of Schools	Course(s) of Study	Dates of Attendance	Diploma/Degree/Certificate
High School				
College				
Other				
BUSINESS SKILLS				
Typing _____ wpm Ten Key by Touch <input type="checkbox"/> Yes <input type="checkbox"/> No Word Processor <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Transcription <input type="checkbox"/> Yes <input type="checkbox"/> No Dictaphone <input type="checkbox"/> Yes <input type="checkbox"/> No Computer Skills <input type="checkbox"/> Yes <input type="checkbox"/> No ICD-9 CM Coding <input type="checkbox"/> Yes <input type="checkbox"/> No		
Software Experience (please list) _____				
Other Information you feel may be applicable: _____				

EMPLOYMENT HISTORY

Begin with your current or most recent employer and work backwards. "See Resume" is not acceptable. Please explain any periods of unemployment. All information must be complete and accurate. Attach additional sheet(s) if necessary.

_____ Employer	_____ Type of Organization	(____)_____ Telephone
Street Address _____		City _____ State _____ Zip Code _____
_____ Position Held		Department _____ Immediate Supervisor's Name _____
Job Duties:		_____/____/____ to ____/____/____ Employed From (mm/yy) Hourly Weekly Monthly \$____.____ to \$____.____ Beginnig and ending pay rate
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
_____ Employer	_____ Type of Organization	(____)_____ Telephone
Street Address _____		City _____ State _____ Zip Code _____
_____ Position Held		Department _____ Immediate Supervisor's Name _____
Job Duties:		_____/____/____ to ____/____/____ Employed From (mm/yy) Hourly Monthly Annually \$____.____ to \$____.____ Beginnig and ending pay rate
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
_____ Employer	_____ Type of Organization	(____)_____ Telephone
Street Address _____		City _____ State _____ Zip Code _____
_____ Position Held		Department _____ Immediate Supervisor's Name _____
Job Duties:		_____/____/____ to ____/____/____ Employed From (mm/yy) Hourly Monthly Annually \$____.____ to \$____.____ Beginnig and ending pay rate
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
_____ Employer	_____ Type of Organization	(____)_____ Telephone
Street Address _____		City _____ State _____ Zip Code _____
_____ Position Held		Department _____ Immediate Supervisor's Name _____
Job Duties:		_____/____/____ to ____/____/____ Employed From (mm/yy) Hourly Monthly Annually \$____.____ to \$____.____ Beginnig and ending pay rate
Reason for Leaving:		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

EMPLOYMENT HISTORY (Continued)

_____ Employer		_____ Type of Organization		(____)_____ Telephone
_____ Street Address		_____ City	_____ State	_____ Zip Code
_____ Position Held		_____ Department	_____ Immediate Supervisor's Name	
Job Duties:		_____/____ to ____/____ Employed From (mm/yy)		
Reason for Leaving:		Hourly Monthly Annually \$____.____ to \$____.____ Beginnig and ending pay rate		
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		
_____ Employer		_____ Type of Organization		(____)_____ Telephone
_____ Street Address		_____ City	_____ State	_____ Zip Code
_____ Position Held		_____ Department	_____ Immediate Supervisor's Name	
Job Duties:		_____/____ to ____/____ Employed From (mm/yy)		
Reason for Leaving:		Hourly Monthly Annually \$____.____ to \$____.____ Beginnig and ending pay rate		
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		
_____ Employer		_____ Type of Organization		(____)_____ Telephone
_____ Street Address		_____ City	_____ State	_____ Zip Code
_____ Position Held		_____ Department	_____ Immediate Supervisor's Name	
Job Duties:		_____/____ to ____/____ Employed From (mm/yy)		
Reason for Leaving:		Hourly Monthly Annually \$____.____ to \$____.____ Beginnig and ending pay rate		
May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		
Please list any other information such as volunteer experience, training, special awards or experience which would be pertinent to the position for which you have applied:				

Please return completed application in person or via fax or mail to:

Preventive Medicine, PC
 Attention: Human Resources
 212 West Edison Road Suite B
 Mishawaka, Indiana 46545
 Phone: 574.254.1400 Fax: 574.254.1650

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