



**SPECIALIZED**

**MEDICAL BILLING & CONSULTING**

**EMPLOYMENT APPLICATION**

**This application and all information contained herein  
is the sole property of the company.**

**We are an equal opportunity employer.**

# EMPLOYMENT APPLICATION

PLEASE PRINT OR WRITE NEATLY IN INK. DO NOT TYPE.

NAME (First) (Middle) (Last)			SOCIAL SECURITY #				
CURRENT ADDRESS		CITY		STATE		ZIP CODE	
TELEPHONE		For the purpose of verifying prior employment and educational background, please indicate any other name under which you worked or attended school:					
The Federal Government mandates the hiring of U.S. citizens and/or authorized aliens only. Specialized Medical Billing retains the right to refuse/terminate employment if proper identification is not presented to the Human Resources Department.					Do you have the legal right to remain and work in the U.S.A.? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have you previously applied to Specialized Medical Billing or any affiliated offices? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" when? _____				Have you ever been employed by Specialized Medical Billing? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes" when? _____			
Have you been convicted of a felony within the last 10 years? <input type="checkbox"/> YES <input type="checkbox"/> NO If "Yes", please explain _____							
How were you referred <input type="checkbox"/> Direct Application <input type="checkbox"/> Employment Agency <input type="checkbox"/> Other _____ (Check One) <input type="checkbox"/> Newspaper <input type="checkbox"/> Television <input type="checkbox"/> Internet (please check) <input type="checkbox"/> Employee Referral (name): _____ <input type="checkbox"/> Magazine <input type="checkbox"/> Radio							
Position(s) Desired		Location(s) Desired		Wage/Salary Desired <input type="checkbox"/> per hour <input type="checkbox"/> per week <input type="checkbox"/> per year		When can you start working?	
Are you available to work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> On Call <input type="checkbox"/> Weekends <input type="checkbox"/> Summer Only						Shift Desired: <input type="checkbox"/> Days <input type="checkbox"/> Evenings	
Some positions require overtime, evenings, and/or weekends. Can you work those hours if necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO			Certain positions require a valid driver's license and proof of insurance. DL # _____ Exp. _____			Can you travel if a job requires it? <input type="checkbox"/> YES <input type="checkbox"/> NO	

FOR PROPER EVALUATION, IT IS ESSENTIAL THAT ALL THE FOLLOWING QUESTIONS BE ANSWERED ON THIS APPLICATION. RESUMES MAY BE USED TO SUPPLEMENT THIS INFORMATION.

## EDUCATIONAL BACKGROUND

Name	City	State	Major Course Of Study	Circle Last Year Successfully Completed	Date Completed	Diploma or Degree	Scholastic Average
High School or Preparatory				1 2 3 4			
College				1 2 3 4			
Graduate				1 2 3 4			
Additional Education				1 2 3 4			

## ADDITIONAL SKILLS AND ACTIVITIES

Office Machines Operated.	Typing Speed	WPM
10 Key Adding Machine _____ Dictaphone _____ P.C. _____ Fax _____ Other _____		

Specialized Skills Coding _____ Payment Posting _____ Charge Entry _____ Computer Scheduling _____ Procedure Scheduling _____ Experience Pre-certing _____	Computer Software Used: Windows _____ Word _____ PowerPoint _____ Excel _____ Lotus _____ Access _____ Other _____
Please list any other skills that you feel would enhance your application for employment (including foreign languages that you read, write or speak).	List any licenses, certificates, professional achievements, or organizational memberships (excluding ones which indicate race, religion, national origin, ancestry, physical or mental disability or other protected status).

## EMPLOYMENT HISTORY

<b>Important</b>	List all employment within the last 10 years, including part-time and summer employment, whether or not it seems relevant to the position for which you are applying (attach paper if necessary). Please complete only if you have not submitted a resume.		
<b>Current or Most Recent Employer</b>			
Name of Employer		If you are employed now, may we call you at work with discretion? _____ Yes _____ No	(Area Code) Telephone No.
Address		City	State Zip Code
Dates of Employment	Title of Position	Name and Title of Supervisor	May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Mo Year	DESCRIPTION OF DUTIES, RESPONSIBILITIES AND SIGNIFICANT ACCOMPLISHMENTS		
Mo Year			
Wage/Salary			
Starting			
Ending			
No. of hours worked weekly	Reason for leaving		
<b>Next Previous Employer</b>			
Name of Employer			(Area Code) Telephone No.
Address		City	State Zip Code
Dates of Employment	Title of Position	Name and Title of Supervisor	May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Mo Year	DESCRIPTION OF DUTIES, RESPONSIBILITIES AND SIGNIFICANT ACCOMPLISHMENTS		
Mo Year			
Wage/Salary			
Starting			
Ending			
No. of hours worked weekly	Reason for leaving		
<b>Next Previous Employer</b>			
Name of Employer			(Area Code) Telephone No.
Address		City	State Zip Code
Dates of Employment	Title of Position	Name and Title of Supervisor	May we contact for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO
Mo Year	DESCRIPTION OF DUTIES, RESPONSIBILITIES AND SIGNIFICANT ACCOMPLISHMENTS		
Mo Year			
Wage/Salary			
Starting			
Ending			
No. of hours worked weekly	Reason for leaving		

### ADDITIONAL DETAILS

Please explain any gaps in employment or provide additional information which would be helpful to us and relevant to this application.

### MILITARY EXPERIENCE

U.S. MILITARY BRANCH	ACTIVE DUTY ENTRY DATE	DISCHARGE DATE	TRAINING SPECIALTY
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## REFERENCES

LIST NAME, ADDRESS, AND TELEPHONE NUMBER OF THREE (3) PROFESSIONAL REFERENCES, WHO ARE NOT RELATED TO YOU, WHO CAN COMMENT ON YOUR WORK PERFORMANCE.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In filling out this application, I understand that if I am offered and accept employment with Specialized Medical Billing, I will be employed at the will of the Corporation for an indefinite period. Accordingly, I understand that I may resign from the Corporation at any time, for any reason, and may be terminated by the Corporation at any time, for any reason.

I understand that any employment or offer of employment arising out of this Employment Application will be subject to satisfactory verification of all job qualifications which may include academic credentials, licenses, professional designations, and employment history. I authorize Specialized Medical Billing to contact any of my schools or former employees. I authorize any former employer(s) and school(s) and their agents to provide such information and agree to hold them harmless from all liability arising out of providing such information.

I further understand that employment may be contingent upon a pre-employment drug or alcohol screen. In addition, a criminal background investigation may be conducted.

In order to maintain a healthy work environment for all associates, Specialized Medical Billing is a smoke free workplace. I understand that smoking is prohibited in all Specialized Medical Billing offices.

I hereby certify that the information contained in this Employment Application and on my resume, if applicable, is true and accurate. I understand that if I become employed, any misrepresentation and/or omission of any facts on this Employment Application and/or resume is sufficient cause for summary dismissal when it is discovered.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_