



Doctors Fox and Fields

Serving Our Community Since 1982

APPLICANT INFORMATION				
Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City		State	ZIP	
Phone		E-mail Address		
Date Available	Social Security No.		Desired Salary	
Position Applied for				
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION				
HighSchool		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Experience: Please document experience you have acquired either via paid or unpaid positions in the following areas			
Office / Clerical	Year Acquired	Year Last Used	Years Experience/Notes
Receptionist-Greet			
Receptionist-Phones			
Keyboard/Computer			
Typing			
Filing/Alphabetizing			
Medical Terminology			
Electronic Medical Records			
PC/Word Processing			
Data Entry			
Cashier			
10-key by touch			
Secretarial			
Patient Scheduling/Registration			
Fiscal Financial/Billing			
Bookkeeping			
Collections			
Insurance			
Software Applications			

Microsoft Word			
Microsoft Excel			
Sage Intergy/HER			
Other Medical Program			
Healthcare/Working with Patients			
Nursing RN			
Nursing LPN			
Medical Assistant			
Patient Intake			
CPR/First Aid/AED			
Other Pertinent Experience You would like to share			

DISCLAIMER AND SIGNATURE
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.
Signature
Date