

EMPLOYMENT RECORD

EMPLOYER NAME		TYPE OF BUSINESS	
ADDRESS		DATES EMPLOYED FROM _____ TO _____	
TITLE	NAME OF SUPERVISOR		
DESCRIBE YOUR DUTIES		MAY WE CONTACT FOR REFERENCES?	
		REASON FOR LEAVING?	

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DESCRIBE YOUR DUTIES		REASON FOR LEAVING?	

List all valid occupational licenses you hold, giving number and expiration dates; list machines you are licensed to operate; show apprenticeship or other types of specialized training, including nature of course, dates and duration. _____ _____	Check/List all software in which you are familiar: Microsoft Word Microsoft Excel Medical Manager Other software: _____
Indicate any professional, craft, trade, office or other skills and abilities possessed by you (i.e.: drafting, typing, shorthand, office machines, etc) _____ _____	Typing Speed: Words per minute: _____

REFERENCES

NAME	TELEPHONE NUMBER	RELATIONSHIP TO YOU

I certify that the above statements are correct, and if employed, understand that any false information in this application will be sufficient grounds for termination. I further agree that all policies, procedures, and regulations authorized by Immediate HealthCare shall constitute a part of my employment. I understand that Immediate HealthCare will conduct a complete criminal background check and I authorize Immediate HealthCare to do so. I understand that if offered employment, it is contingent upon the outcome of the background investigation as it relates to my suitability for the employment I seek. I further authorize Immediate HealthCare to check all information contained on the application. I hereby and forever release, from any liability, former employers and others who provide reference information and assessments of my work history. I further authorize educational institutions to provide my educational credentials if asked.

_____ SIGNATURE _____ DATE