



# APPLICATION FOR EMPLOYMENT

*We are a drug free work place. Drug testing is required before date of hire.  
Note: Your social security number will be required on other forms prior to employment.*

Name: \_\_\_\_\_  
Last
First
Middle

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
City
State
Zip

E-mail: \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No  
 (Under the Immigration Reform and Control Act of 1986, you will be required to provide documentation to certify your eligibility and identity, should you be employed.)

Employment Preference:  Full-time  Part-time  Temporary  Other Date Available: \_\_\_\_\_

Days Available:  Mon.  Tues.  Wed.  Thurs.  Fri.  Sat.  Sun. Salary Desired: \_\_\_\_\_

Hours Available:  Day  Evening  Night  Rotating  Weekends Specify Shift Hours: \_\_\_\_\_

Do you have any relatives employed with MAB?  Yes  No If yes, who? \_\_\_\_\_

Have you ever worked for MAB before?  Yes  No If yes, when and where? \_\_\_\_\_

May we contact your current employer?  Yes  No May we contact your previous employer?  Yes  No

## RECORD OF EMPLOYMENT (beginning with your most recent employer)

1. Name of Employer		Address		Telephone #	Your Position
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dates Employed		Rate of Pay		Reason for Leaving:	
From:	To:	Starting:	Ending:	<input style="width: 100%; height: 40px;" type="text"/>	
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
MM/YY	MM/YY				
Your Duties:					
<input style="width: 100%; height: 30px;" type="text"/>					

2. Name of Employer		Address		Telephone #	Your Position
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Dates Employed		Rate of Pay		Reason for Leaving:	
From:	To:	Starting:	Ending:	<input style="width: 100%; height: 40px;" type="text"/>	
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>		
MM/YY	MM/YY				
Your Duties:					
<input style="width: 100%; height: 30px;" type="text"/>					

<b>3. Name of Employer</b>		Address	Telephone #	Your Position
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Dates Employed	Rate of Pay	Reason for Leaving:	Supervisor's Name & Title	
From: <input type="text"/> To: <input type="text"/>	Starting: <input type="text"/> Ending: <input type="text"/>	<input type="text"/>	<input type="text"/>	
MM/YY MM/YY			<input type="text"/>	
Your Duties:				
<input type="text"/>				

EDUCATION					
Type	Name	Major	Last Year Completed	Did you Graduate?	Degree
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate Studies			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### TECHNICAL SKILLS

Word Processor  WPM  Adding Machine  Data Entry  Personal Computer

Software Skills:

Special Credentialing, Certifications, or Professional Licensing:

Additional Skills and Qualifications:

### WORK REFERENCES

Name:	Name:
Company:	Company:
Address:	Address:
Phone:	Phone:

### PERSONAL REFERENCES

Name:	Name:
Address:	Address:
Phone:	Phone:

Have you been convicted of a felony or misdemeanor, or presently have charges pending against you for a felony or misdemeanor?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of any type of billing fraud including Medicare, or Medicaid?  Yes  No

Have you ever been included on the Office of Inspector General's database of suspended persons?  Yes  No

Is there any reason why you could not perform all the described duties associated with this position?  Yes  No

If yes, please explain: \_\_\_\_\_

I hereby certify that the information provided in this application along with its attachments are true and complete. I also agree and understand that any falsification of information herein, regardless of time of discovery may forfeit my employment with this practice. I understand that all information on this application is subject to verification and I consent to any criminal history background checks. I also authorize this practice to contact my references, educational institutions, or any other person or organization that may have information relevant to my employment. I further authorize the practice to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, non-governmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

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

Provided by HCP