

Trade, Business, Correspondence or Graduate School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Work Experience (List your last three employers, starting with present or most recent)

Employer _____ Telephone number _____

Address _____
(Street) (City) (State) (Zip code)

Dates From _____ To _____ Starting Pay _____ Ending Pay _____

Duties: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No If no, why not? _____

Employer _____ Telephone number _____

Address _____
(Street) (City) (State) (Zip code)

Dates From _____ To _____ Starting Pay _____ Ending Pay _____

Duties: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No If no, why not? _____

Employer _____ Telephone number _____

Address _____
(Street) (City) (State) (Zip code)

Dates From _____ To _____ Starting Pay _____ Ending Pay _____

Duties: _____

Reason for leaving: _____

May we contact this employer for a reference? Yes No If no, why not? _____

Experience and Skills: Check any of the following in which you have a working knowledge:

	YES	NO		YES	NO
Typing (W.P.M. _____)	<input type="checkbox"/>	<input type="checkbox"/>	Set up and assist with minor surgery	<input type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input type="checkbox"/>	Cash Handling/Balancing	<input type="checkbox"/>	<input type="checkbox"/>
High Volume Phones	<input type="checkbox"/>	<input type="checkbox"/>	Perform venipunctures	<input type="checkbox"/>	<input type="checkbox"/>
Scheduling appointments on computer	<input type="checkbox"/>	<input type="checkbox"/>	Urinalysis by dipstick	<input type="checkbox"/>	<input type="checkbox"/>
Know medical terminology	<input type="checkbox"/>	<input type="checkbox"/>	Blood Draws	<input type="checkbox"/>	<input type="checkbox"/>
CPT coding	<input type="checkbox"/>	<input type="checkbox"/>	Give injections	<input type="checkbox"/>	<input type="checkbox"/>
Computer billing	<input type="checkbox"/>	<input type="checkbox"/>	Give injections	<input type="checkbox"/>	<input type="checkbox"/>

Account collections	<input type="checkbox"/>	<input type="checkbox"/>	Scheduling test with outside facilities	<input type="checkbox"/>	<input type="checkbox"/>
Insurance processing	<input type="checkbox"/>	<input type="checkbox"/>	Preparing patients for surgery	<input type="checkbox"/>	<input type="checkbox"/>
Bilingual	<input type="checkbox"/>	<input type="checkbox"/>	Recovering patients from surgery	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>			

Professional Licenses/Certifications:

Type	State	Expiration Date	Registration Number

References: List three individuals who have knowledge of your work ethic, experience, and ability.
(Do not include individuals listed in employment history section or individuals that are related to you)

Name	Address	Business Phone	Occupation
1.			
2.			
3.			

Criminal Record Information

Have you been convicted of any law violations within the last seven years? Include any plea of “guilty” or “no contest”.
(Exclude minor traffic violations). Yes No
If yes, please describe below: (A conviction record will not necessarily disqualify an applicant for employment)

Authorization to do Background check through Texas Department of Public Safety:
I give consent to Brenham Family Practice to run a background check through the Texas Dept. of Public Safety.

Signature _____ Print _____

Applicant’s Statement / Affidavit, Consent and Release

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that my responses to the above questions are true, and I understand that any misrepresentation or omission of facts may disqualify me from employment or constitute grounds for termination. I authorize Brenham Family Practice and Obstetrics to investigate all statements and references contained in my application/resume. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-employment drug screen as a condition of employment.

I understand that Brenham Family Practice and Obstetrics follows an “employment at will” policy, which means that either Brenham Family Practice and Obstetrics or I am free to terminate employment with or without cause and with or without notice, at any time. I understand that the terms and conditions of my employment may be changed, with or without notice, by Brenham Family Practice and Obstetrics. I understand that no representative of , Brenham Family Practice and Obstetrics other than an officer, has the authority to enter into any contract or agreement and then only if the commitment is a signed written document.

Signature

Date