

McQuinn Naturopathic

Beth McQuinn, Naturopathic Doctor, LMP

APPLICATION FOR MEDICAL OFFICE EMPLOYMENT

PLEASE WRITE LEGIBLY

Date: _____ For which position are you applying? _____

Name: _____

Telephone: Home () _____ Social Security: _____

Business () _____ Work Permit #: _____

Cell () _____ E-mail Address: _____

Address: _____
Street City State Zip

Can you legally work in the United States? _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No If Yes, Explain: _____

EXPERIENCE AND SKILLS

<i>Have you had experience in the following?</i>	YES	NO	<i>Have you had experience in the following?</i>	YES	NO
Typing (W.P.M. _____)			Insurance Filing/ Billing/ Coding		
Filing/ Preparing Charts			Vitals		
Heavy Phones			Medical Software		
Scheduling Appointments			Referrals		
Medical Terminology/ Medical Transcription			OSHA compliance		
Basic Bookkeeping			Supply Inventory/Ordering		
Word Processing &/or Microsoft Office			Back Office Assisting		
HIPAA compliance			Others: 1)		
Accounts Receivable			2)		
Insurance Verification			3)		
Account Collections			4)		

EDUCATION

Last high school attended	Location	Check last grade completed <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
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COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING

Name of school	Location	Dates attended	Degree/Certificate	Major

MEDICAL CERTIFICATES OR LICENSES

	1) ND/ MD	2) RN	3) MA	4) Med Billing	5) OTHER: _____
License #					
Date earned					
State issued					

Post Graduate Seminars attended last year? _____

Are all certificates/ licenses current? Yes No

Do you require help with renewal? Yes No

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Virginia Morris Naturopathic Doctor, LMP

Do you have any condition which could (1) limit your ability to perform the job applied for, or (2) be aggravated by the job you have applied for? Yes No If yes, explain: _____

Are you taking medication at the presently that could limit your ability to perform the job applied for? Yes No

Indicate time(s) willing to work: Weekdays (9-5:30) Weekend (9-3) Occasional overtime
 Full-time Part-time (hrs/wk: _____)

Circle Days of week you won't be available to work: MON TUE WED THUR FRI SAT SUN

Can your future vacations be arranged at the convenience of the office? Yes No

Do you have any salary requirement? _____. Do you have any fringe benefit needs? Yes No

If we offered you employment, when could you start? _____

What is your anticipated length of employment? _____

Have you ever been fired from a job? Yes No Are you willing to travel if required? Yes No

Do you smoke? Yes No Do you have your own transportation? Yes No

Employment history: Most recent first

Employer	Contact	Phone	Start Date	End Date	Reason for leaving

Do we have your permission to contact current or previous employers? Yes No

In addition to your work experience, what other experiences, skills, or qualifications would be a boon to us hiring you?

Is Resume attached? Are your references attached?

We recognize your right to terminate your employment, at will, whenever you choose for any reason. This office reserves to itself, the same right.

I understand the information on this application is subject to verification, and I further understand that any false statements or omissions may be cause for dismissal if hired.

Signature of applicant

Date