



# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

## PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_-\_\_\_\_ Pager # (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Email \_\_\_\_\_ Referred By: \_\_\_\_\_

## EMPLOYMENT DESIRED

Position: Medical Biller / Clerk  
Status: Full Time / Part Time Salary Desired \_\_\_\_\_ Start Date: \_\_\_\_\_  
Currently Employed: YES / NO If yes, may we call current employer? YES / NO  
Have you ever applied here? YES / NO When? \_\_\_\_\_  
Have you ever been previously employed by Mission Ambulance, Inc? YES / NO  
If yes when? From \_\_\_\_\_ to \_\_\_\_\_

## GENERAL INFORMATION

### Medical Billing Experience

- Medicare
- Medi Cal
- Share of Cost
- Private Insurance
- Workman's Comp.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Programs

- Word
- Exel
- Quick Books
- Medi Soft
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- General Clerical
- Type W.P.M

### Office Specialties

- Accounts Payable
- Collections
- Accounts Receivable
- Customer Service
- Data Entry
- Filing
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## EDUCATION HISTORY

(NAME & LOCATION OF SCHOOL)	(YEARS)	(GRADUATE?)	(SUBJECTS)
High School			
College			
Technical School			

## EMPLOYMENT HISTORY (LIST LAST FIVE YEARS, STARTING WITH THE MOST RECENT)

(DATES)	(COMPANY NAME & ADDRESS)	(SALARY)	(POSITION)	(REASON FOR LEAVING)
From _____ To _____				
		Phone Number:		
From _____ To _____				
		Phone Number:		
From _____ To _____				
		Phone Number:		
From _____ To _____				
		Phone Number:		
From _____ To _____				
		Phone Number:		

## ADDITIONAL SKILLS / TRAINING

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**REFERENCES** (NAMES OF PEOPLE NOT RELATED, WHOM YOU KNOW FOR AT LEAST ONE YEAR)

NAME	PHONE	ADDRESS	YEARS

**AUTHORIZATION**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**MANAGEMENT**

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Interviewed by: _____	Date: ____ / ____ / ____
Comments:	

Hired: YES / NO By: \_\_\_\_\_