

MBA Medical Billing Services, Inc.

APPLICATION FOR EMPLOYMENT

(EQUAL OPPORTUNITY EMPLOYER)

NAME: _____
Last First Middle

ADDRESS: _____
Street Address City,State Zip Code

Mailing address if different: _____

Phone: _____ email address: _____

DATE AVAILABLE FOR EMPLOYMENT _____

Have you ever applied for employment at this company previously? (Circle your response) Yes No

If so: When? _____ Were you interviewed? (Circle your response) Yes No

Have you ever been employed by this company? (Circle your response) Yes No

Are you currently employed? (Circle your response) Yes No

If so: May we contact your employer? (Circle your response) Yes No

Are you prevented from becoming lawfully employed in this country for any reason? (Circle your response) Yes No

Wages desired: _____

Type of work desired: _____

How did you learn of this opening? _____

What makes you qualified for this position? _____

What languages do you speak? _____

What days of the week are you available for work? _____

What hours of the day are you available for work? _____

MBA Medical Billing Services, Inc. is an equal opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with federal and state equal employment opportunity laws.

EDUCATION

	Major & Degree	Graduate ?	Start & End Dates	Name & Location of School
High School				
College/Univ				
College/Univ				
Tech/Trade				

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, experiences or other activities related to the job you are seeking (ie: typing speed, ten-key, computer skills, leadership, teams, etc).

REFERENCES

List three non-relatives who are familiar with your qualifications and work history.

Name	Occupation/ Relationship	Years known	Telephone number	cell, home or work phone?

EMPLOYMENT EXPERIENCE

List your last four jobs in order, starting with your most recent job. Do not omit any job.

Most recent employer:		Address:	
Date started:		Starting position:	
Date ended:		Ending position:	
Name & Title of direct supervisor:			OK to contact?
Supervisor's contact phone:		Supervisor's email:	
Description of duties:			
Reason for leaving:			

Previous employer:		Address:	
Date started:		Starting position:	
Date ended:		Ending position:	
Name & Title of direct supervisor:			OK to contact?
Supervisor's contact phone:		Supervisor's email:	
Description of duties:			
Reason for leaving:			

Previous employer:		Address:	
Date started:		Starting position:	
Date ended:		Ending position:	
Name & Title of direct supervisor:			OK to contact?
Supervisor's contact phone:		Supervisor's email:	
Description of duties:			
Reason for leaving:			

Previous employer:		Address:	
Date started:		Starting position:	
Date ended:		Ending position:	
Name & Title of direct supervisor:			OK to contact?
Supervisor's contact phone:		Supervisor's email:	
Description of duties:			
Reason for leaving:			

Please account for all periods of unemployment:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY APPLICATIONS THAT ARE SIGNED AND DATED WILL BE CONSIDERED. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or immediate discharge if I am employed. I authorize MBA to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, organizations and law enforcement agencies to give MBA complete information and records regarding my employment, education, character and qualifications, and hereby release any said persons, schools, companies, organizations and law enforcement agencies from any liability for any damage whatsoever for providing this information.

yes

no

Please provide your date of birth _____ & social security number _____-_____-_____ for records and history inquiries.

I understand that the use of illegal drugs and alcohol is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

yes

no

I will be responsible for familiarizing myself with all rules and regulations of the company as they presently exist or are later modified. I understand that MBA is an "at-will" employer, which means that either I or MBA may terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

yes

no

I also understand that no representative of the company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President or Vice President of the company.

yes

no

I have read, understand and agree with all of the above.

Signature of applicant

Date

This application will be valid for ninety (90) days from the date signed.