



# EMPLOYMENT HISTORY

Name of Employer			
Street	City	State	Zip
			Dates: From- / / To- /
Position		Position(s) Held	
Explain your duties, responsibilities and number of people supervised, if any.			
Why did you leave?			
Name of Supervisor?		Phone # of Supervisor ( )	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
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**EDUCATION**

High School and/or G.E.D.:	Name and Location	Highest Grade Completed? 9 10 11	Grade Average?
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what was your major study?	12	Last year of study?
College:	Name and Location	Highest Year Completed? 1 2 3 4	Grade Average?
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what was your degree and major?	5	Last year of study?
Trade or Business School:	Name and Location	How Long?	Grade Average?
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, what was your major?		Last year of study?
List other training you have had:			
Extracurricular Activities, Offices held:			
Academic honors or special recognition:			
Current Memberships in Professional Organizations:			
Past Memberships in Professional Organizations:			
Sports, Hobbies and other interest:			

**CLERICAL ONLY**

Have you had experience in the following?	Yes	No	Length of Time?
Accounting	Yes	No	_____
Billing and Collecting	Yes	No	_____
Medical Records	Yes	No	_____
Managed care contracting	Yes	No	_____
Computers    Types: _____	Yes	No	_____
Shorthand	Yes	No	_____
Typing        Average works per minute: _____	Yes	No	_____
Dictation	Yes	No	_____
Other	Yes	No	_____

**SUMMARY**

**OF**

In this space you may briefly summarize any additional qualifications you feel are important in considering your application for employment.

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**APPLICANT'S ACKNOWLEDGEMENT**

I fully understand that any significant misstatements in or omissions from this application constitute cause for denial of employment or cause for dismissal from employment. All information submitted by me in this application is true to my best knowledge and belief.

I hereby authorize an inquiry to be made on the information contained in the application, and authorize any individual contacted during this inquiry to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from providing this information.

If an employment agreement is established, I agree to conform to all the rules and regulations of this Center and I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Center.

It is the policy of The Surgical Pavilion, LLC to conduct a criminal background check for new applicants. All information obtained becomes the property of The Surgical Pavilion, LLC and is kept highly confidential. Your signature below authorizes The Surgical Pavilion, LLC to conduct this check prior to receiving a formal offer of employment.

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Signature of Application

Date