

Medical Network Technologies Employment Application

The Boone Clinic Building, 401 Keene Street
Columbia, MO 65201 Tele. No. 573-876-1680

Name: _____ Address: _____

City: _____ State _____ Zip/Postal Code _____

Home Phone: _____ Business Phone: _____

Position Applied For: _____ Date Available to Begin Employment: _____

Would You Accept Another Position? Yes No Desired Salary? _____

<u>Are you willing to work:</u>	<u>Yes</u>	<u>No</u>	<u>Indicate applicable work skills:</u>
Overtime (Over 40 hours/wk)	___	___	Typing _____ WPM
On Call	___	___	Transcription ___ Yes ___ No
Travel	___	___	10 Keypunch ___ Yes ___ No
Weekends (Sat/Sun)	___	___	Word Processor _____
Other Job Related Skills	_____		

- Are you applying for: ___ Full Time ___ Part Time ___ Temporary
- How were you referred to us? _____
- Have you ever been employed by us? ___ Yes ___ No
If yes, Position _____ Department _____
- Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform and Control Act of 1986? ___ Yes ___ No
- After reviewing all the essential functions of the job for which you are applying, are you able to perform these essential functions with or without accommodation? ___ Yes ___ No
- Do you have commitments to another employer that might affect your employment with us? ___ Yes ___ No
- Military Service? ___ Yes ___ No If yes, from _____ to _____ Branch _____ Rank _____

Education / Professional Licenses and Certifications

School: Name and Address	Course of Study	Circle Last Year Completed	Did you Graduate?	Degree Earned
High School		1 2 3 4	___ Yes ___ No	
College		1 2 3 4	___ Yes ___ No	
College		1 2 3 4	___ Yes ___ No	
Technical/Business, or Professional		1 2 3 4	___ Yes ___ No	

Professional Licenses or Certifications

Type	State	Expiration Date	Registration Number

Please list name, address, and telephone number of previous employers with most recent first.

Periods of unemployment should be included. Complete ALL areas of application before signing.

	<u>From</u>	<u>To</u>	<u>Immediate Supervisor</u>	<u>Last Salary</u>
Job Title _____	_____	_____	_____	_____
Employer Name, Address and Phone Number _____				
Duties _____				
<u>Reason for Leaving</u> _____				
	<u>From</u>	<u>To</u>	<u>Immediate Supervisor</u>	<u>Last Salary</u>
Job Title _____	_____	_____	_____	_____
Employer Name, Address and Phone Number _____				
Duties _____				
<u>Reason for Leaving</u> _____				
	<u>From</u>	<u>To</u>	<u>Immediate Supervisor</u>	<u>Last Salary</u>
Job Title _____	_____	_____	_____	_____
Employer Name, Address and Phone Number _____				
Duties _____				
<u>Reason for Leaving</u> _____				
•May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
•May we run an employment check on other employers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
•Have you worked under any other names? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what name? _____				

Please list references (not relatives or employers) to contact who are familiar with your work history.

	<u>Name</u>	<u>Title/Occupation</u>	<u>Address</u>	<u>Telephone Number</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, activities, accomplishments, etc. Please exclude all information indicative of age, sex, race, religion, color, national origin, or handicap.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no one has any authority to enter into any agreement contrary to the foregoing or to make any oral assurance or promise of continued employment to me.

I authorize persons, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision to Medical Network Technologies.

_____ **(Signature)** **(Date)**_____