



**EMPLOYEE I.D. INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Social Security No. \_\_\_\_\_ Telephone No: \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
street, apt. no

Previous address \_\_\_\_\_  
(if less than one yr. at current address)

Were you previously employed here?  Yes  No

Are you currently a patient of any of the doctors at Internal Medicine Associates?  Yes  No  
 If yes, which one \_\_\_\_\_

If you are not currently a patient but you were in the past, please name the doctor(s) you saw and the dates you were a patient: \_\_\_\_\_

Are you authorized to work in the United States  Yes  No  
(All persons, upon hire, must provide proof of valid authorization to work in the United States)

Referred By:  Newspaper Ad  Walk in  IMA Employee  Other

**POSITION INFORMATION**

APPLYING FOR:  Full time  Part time  Summer

APPLYING FOR:  RN  Receptionist  
 LPN  Medical Transcriptionist  
 MOA  Medical Billing Clerk  
 Clerk  Other (Specify) \_\_\_\_\_

Total medical/hospital experience: \_\_\_\_\_ years \_\_\_\_\_ months

Total receptionist/clerical experience: \_\_\_\_\_ years \_\_\_\_\_ months

Total computer experience: \_\_\_\_\_ years \_\_\_\_\_ months

Total non-clerical experience: \_\_\_\_\_ years \_\_\_\_\_ months

Offices machines and computers used:  
 \_\_\_\_\_  
 \_\_\_\_\_

Languages spoken fluently (other than English)  
 \_\_\_\_\_

Languages written fluently (other than English)  
 \_\_\_\_\_

Salary requested \_\_\_\_\_ Available to start: (Give Date)  
 \_\_\_\_\_

**PERSONAL INFORMATION**

Are you able to perform all of the essential tasks of the job for which you are applying with or without accommodation?  
 yes  no

Have you ever been convicted of a crime? \_\_\_\_\_yes \_\_\_\_\_no  
If yes, describe in full: \_\_\_\_\_  
\_\_\_\_\_

*EDUCATION*

<p><u>High School</u></p> <p>Name and city _____</p> <p>Course of study _____ Diploma or CED _____</p> <p>Did you graduate? _____yes _____no</p>
<p><u>College</u></p> <p>Name, city and state _____</p> <p>Course of study _____ Type of Degree _____</p>
<p><u>Other- Specify:</u></p> <p>_____</p> <p>_____</p>

(Specify) Are there any other experiences, skills or qualifications which you feel would especially fit you for work with our company? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WORK EXPERIENCE**

MAY WE CONTACT THE EMPLOYERS LISTED BELOW? \_\_\_\_\_Yes \_\_\_\_\_No If "no," please explain:  
\_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Telephone No. \_\_\_\_\_

Position \_\_\_\_\_ Duties \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_

### PERSONAL REFERENCES

(Not former employers or relatives)

Name and address \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name and address \_\_\_\_\_

Occupation \_\_\_\_\_ Telephone Number \_\_\_\_\_

***Complete only if driving is essential task of the job for which you are applying:***

Driver's license number and state \_\_\_\_\_

License ever suspended or revoked? \_\_\_\_yes \_\_\_\_no Have you ever been bonded? \_\_\_\_yes \_\_\_\_no

If yes, on what jobs \_\_\_\_\_

\_\_\_\_\_

In making this application for employment, I also understand that information may be obtained through personal interviews with my friends or others with whom I am acquainted. This investigation may also include an investigation of my criminal record, if any. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigation that is made.

I affirm that the information provided by me in this Application is true and complete. I understand and agree that any misrepresentation, omission, or incorrect statement may, at the sole discretion of Internal Medicine Associates of Mt. Clemens ("IMA"), prevent my being hired or, if I am hired, may result in my immediate discharge regardless of how long employed. I also understand and agree that if employed by IMA, my employment and compensation will be for an indefinite duration and can be terminated with or without cause with or without notice, at any time, at the option of IMA. I have reviewed, understand and agree to the above.

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

Internal Medicine Associates is an equal opportunity employer, and the hiring and administration of all terms and conditions of employment at the company are without discrimination with respect to race, religion, color, sex, age, national origin or disability as required by applicable federal, state and local laws. I understand that I have up to 182 days to notify my employer of any need for accommodations made because of disability from my date of hire.

Forms: Application – employee