



Associated Physicians ^{LLP}

4410 REGENT STREET, MADISON, WI 53705

APPLICATION FOR EMPLOYMENT

Please type/print, and provide complete and accurate information. PLEASE NOTE: We will not hire family members of existing employees.

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|-----------------|---|--|--|---------|---|--|
| PERSONAL | Last Name | | First | MI | Application Date: | |
| | Street Address | | | Apt. #: | Social Security #: | |
| | City, State, Zip | | | | Home Phone: | |
| | e-Mail Address: | | How were you referred to us? | | Cell Phone: | |
| | Please list other names you have been known by: | | Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Are you related to a current employee? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|-------------------------|--|--------------------------|
| POSITION DESIRED | Desired Position(s): | |
| | Desired Schedule/Hours: <input type="checkbox"/> Full Time (35+ hrs/wk) <input type="checkbox"/> Part Time (20-34 hrs/wk) <input type="checkbox"/> Ltd Hour (0-20 hrs/wk) <input type="checkbox"/> Fill-In (As Needed) <input type="checkbox"/> Temporary | |
| | Desired Earnings: | Date Available to Start: |
| | Have you worked for Associated Physicians, LLP before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, position held: _____ Dates of Employment: _____ | |
| | Have you ever applied to Associated Physicians, LLP before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what position? _____ Date of Prior Application: _____ | |
| | Should you be employed at Associated Physicians, LLP, do you plan to engage in any other employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ | |

| EDUCATION | Type of Educational Institution | Name of Institution & Location (City, State) | Dates Attended From To | | Years Completed | Course of Study/Major | Degree/Diploma |
|---|------------------------------------|--|------------------------|------------------|-----------------|-----------------------|---|
| | High School: | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | College/Technical: | | <u>Mo/Yr</u> | <u>Mo/Yr</u> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Graduate/Professional: | | <u>Mo/Yr</u> | <u>Mo/Yr</u> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Other Education/Military Training: | | <u>Mo/Yr</u> | <u>Mo/Yr</u> | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| License/Certification/Registry: | | State: | Issue Date: | Expiration Date: | License #: | | |
| Please describe any other awards, scholarships or activities relevant to the position for which you are applying: | | | | | | | |

Please list employment below, starting with your most recent employer. Please complete ALL sections.

| | | | | | |
|---------------------------|---|--------|---|----------------|--|
| EMPLOYMENT HISTORY | Employer Name: | | Position Held: | Hours/Week: | |
| | Street Address: | | Dates of Employment From (Mo/Yr): To (Mo/Yr): | | |
| | City, State, Zip: | | Duties: | | |
| | Phone #: | Fax #: | | | |
| | Supervisor Name & Title: | | Supervisor Phone #: | Ending Salary: | |
| | May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason Employment Ended: | | |

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|---------------------------|---|--------|---|----------------|--|
| EMPLOYMENT HISTORY | Employer Name: | | Position Held: | Hours/Week: | |
| | Street Address: | | Dates of Employment From (Mo/Yr): To (Mo/Yr): | | |
| | City, State, Zip: | | Duties: | | |
| | Phone #: | Fax #: | | | |
| | Supervisor Name & Title: | | Supervisor Phone #: | Ending Salary: | |
| | May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason Employment Ended: | | |

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|---------------------------|---|--------|---|----------------|--|
| EMPLOYMENT HISTORY | Employer Name: | | Position Held: | Hours/Week: | |
| | Street Address: | | Dates of Employment From (Mo/Yr): To (Mo/Yr): | | |
| | City, State, Zip: | | Duties: | | |
| | Phone #: | Fax #: | | | |
| | Supervisor Name & Title: | | Supervisor Phone #: | Ending Salary: | |
| | May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason Employment Ended: | | |

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|---------------------------|---|--------|---|----------------|--|
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| | Street Address: | | Dates of Employment From (Mo/Yr): To (Mo/Yr): | | |
| | City, State, Zip: | | Duties: | | |
| | Phone #: | Fax #: | | | |
| | Supervisor Name & Title: | | Supervisor Phone #: | Ending Salary: | |
| | May We Contact This Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Reason Employment Ended: | | |

Is all previous work experience listed? Yes / No If no, please attach complete resume.

Please answer the following questions COMPLETELY and ACCURATELY.

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|---|---|
| BACKGROUND INFORMATION | Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | NOTE: The Federal Government requires verification of identity and eligibility for employment in the United States. Any offer of employment is contingent upon such verification. |
| | Have you ever been discharged or requested to resign from any employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: |
| | Have you ever been convicted of Medicare fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: |
| | Have you ever had your professional license or registration suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: |
| Have you ever been convicted of a felony, misdemeanor, or other offense* (other than a traffic violation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe in full: | |
| *Any such conviction will not necessarily disqualify you from consideration for employment | |

Please check the skills/experience that you have that is relevant to the position for which you are applying:

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|---------------|---|---|--|
| SKILLS | <input checked="" type="checkbox"/> General: | <input checked="" type="checkbox"/> Medical: | <input checked="" type="checkbox"/> Patient Care: |
| | <input type="checkbox"/> PC | <input type="checkbox"/> CPT/ICD Coding | <input type="checkbox"/> Assessments |
| | <input type="checkbox"/> Typing WPM: _____ | <input type="checkbox"/> Terminal Digit Filing | <input type="checkbox"/> Histories/Vitals |
| | <input type="checkbox"/> 10-Key Adding Machine | <input type="checkbox"/> Medical Insurance | <input type="checkbox"/> Telephone Triage |
| | <input type="checkbox"/> Multiline Telephone | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Injections/Immunizations |
| | <input type="checkbox"/> Reception | <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Medication Administration |
| | <input type="checkbox"/> Switchboard | <input type="checkbox"/> Chart Abstraction | <input type="checkbox"/> Conscious Sedation |
| | <input type="checkbox"/> Appointment Scheduling | Computer Software: | <input type="checkbox"/> Patient Education |
| | <input type="checkbox"/> Cash Handling | <input type="checkbox"/> Epic/Other EHR | <input type="checkbox"/> Current BLS Certification |
| | <input type="checkbox"/> Insurance | <input type="checkbox"/> SoftLab/Other LIS | <input type="checkbox"/> Current ACLS Certification |
| | <input type="checkbox"/> Credit/Collections | <input type="checkbox"/> Scheduling | <input type="checkbox"/> IVs |
| | <input type="checkbox"/> Transcription/Dictation | <input type="checkbox"/> Billing | <input type="checkbox"/> Phlebotomy |
| | <input type="checkbox"/> Filing Alpha/Numeric | <input type="checkbox"/> Word | <input type="checkbox"/> EKGs |
| | <input type="checkbox"/> Supervisory Experience | <input type="checkbox"/> Excel | <input type="checkbox"/> X-Ray/Mammography |
| | Please describe any other experience or skills that may qualify you for the position: | | |

Please provide three (3) PROFESSIONAL references (former coworkers, industry associates, instructors, etc., other than relatives).

| REFERENCES | Name of Reference & Occupation | Professional Relationship to Applicant | e-Mail Address | Daytime Phone # |
|-------------------|--------------------------------|--|----------------|-----------------|
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FINAL STATEMENT OF APPLICATION AND SIGNATURE

I Hereby Certify That in Applying for Employment with Associated Physicians, LLP:

- I have provided true and complete Information in my employment application. I further certify that any information I may furnish during the interview process will be true and complete. I understand that any false statement made by me in this application, or any omission of information requested of me during the interview process will be cause for rejection of my application or for my dismissal if I am already employed by Associated Physicians, LLP.

- I have authorized Associated Physicians, LLP to investigate all information provided by me in this application and during the interview process. I also acknowledge that any offer of employment is contingent upon Associated Physicians, LLP obtaining satisfactory responses during this investigation. Except as otherwise noted in my application, I hereby authorize Associated Physicians, LLP to obtain; and all educational institutions, employers, and professional references named in my application to verify the information I have submitted and to provide any other information requested. I hereby release Associated Physicians, LLP and said educational institutions, employers and professional references from any and all liability and damage arising from their obtaining or providing information about my education, my employment history, and my suitability for employment as authorized in this application.

- I understand and agree that if I am employed, my employment is at-will and can be terminated at any time, with or without cause or with or without notice at the option of either Associated Physicians, LLP or me. I further understand that no representative of Associated Physicians is authorized to offer me employment except as is terminable at-will.

- I understand that employees of Associated Physicians, LLP may have access to confidential patient information in the course of their duties. I hereby agree to maintain the confidentiality of patient information and understand that unauthorized access to such information or release of such information may result in disciplinary action, up to and including termination.

I have read, understood and agreed to the conditions stated in the paragraphs above.



Signature of Applicant

Date

*** FOR HUMAN RESOURCES USE ONLY ***

| Position | Interview Date & Time | Interviewed By | Disp Code |
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