

LANE COUNTY MEDICAL SOCIETY STAFFING SERVICE
 990 West 7th Avenue – Eugene Oregon 97402 – (541) 686-0995 – Fax (541) 687-1554

Employment Application
An Equal Opportunity Employer

Date: _____ Position Desired: _____
Social Security Number Driver's License Number

Last Name First Name MI Other Last Names Under Which You Have Worked

Street Address City State Zip Code

Home Phone Cell Phone Message Phone E-mail address

Have you registered with us before? Yes No Are you willing to work in a smoke-free environment? Yes No

Permanent Temporary Full-time Part-time Salary Range _____ Hours/Days Per Week _____

Required benefits: Medical Dental Vision Retirement Other _____ None

Areas you are willing to work: Eugene Springfield Cottage Grove Veneta Florence When can you start? _____

EDUCATION

Highest grade completed _____ High School Attended/City/State _____

College/Military/Other (please provide name of institution, city, state, dates attended, area(s) of study, graduate?) _____

Are you currently licensed? If so, please provide kind of licensure, licensure number, state in which license is held and expiration date. _____

EXPERIENCE Check all in which you have recent or current experience.

Positions Previously Held

- _____ Manager
- _____ Administrator
- _____ One-person office
- _____ Receptionist
- _____ Transcriptionist
- _____ Medical Records Clerk
- _____ Bookkeeper
- _____ Referral/Pre-Auth. Coord.
- _____ Insurance Biller
- _____ Insurance Coder
- _____ MOA
- _____ CMA
- _____ LPN
- _____ RN
- _____ Lab Technician
- _____ X-ray Technician
- _____ Phlebotomist
- _____ Other

Skills

- _____ Multi-line telephone
- _____ Medical office scheduling
- Software (list applications in which you are skilled):
- _____
- _____
- _____ Data entry
- _____ Clerical
- _____ Medical records
- _____ EMR
- _____ F/C Bookkeeping
- _____ Accounts payable
- _____ Accounts receivable
- _____ Collections
- _____ Payroll
- _____ General ledger
- _____ Insurance Billing-Electronic
- _____ ICD-9/CPT-4 coding
- _____ Employee supervision
- _____ Languages: oral/written
- _____ Other

Clinical Skills

- _____ Vitals
- _____ Patient history
- _____ Telephone triage
- _____ X-ray
- _____ Limited x-ray
- _____ EKG
- _____ EEG
- _____ Injections
- _____ Blood counts
- _____ Urinalysis
- _____ Phlebotomy
- _____ Venepuncture
- _____ IV Therapy
- _____ Patient education
- _____ Assist in procedures
- _____ Other

Other skills pertinent to the position for which you are applying: _____

PREVIOUS EMPLOYMENT Please start with last or present employer. Be specific when describing duties. If you have been discharged from employment, please indicate.

Last or present employer _____ Address _____
Date started _____ Date left _____ Starting salary _____ Ending salary _____
Your title _____ Duties _____
Reason for leaving _____ May we contact employer? Yes No
Name of supervisor _____ Phone number _____

Previous employer _____ Address _____
Date started _____ Date left _____ Starting salary _____ Ending salary _____
Your title _____ Duties _____
Reason for leaving _____ May we contact employer? Yes No
Name of supervisor _____ Phone number _____

Previous employer _____ Address _____
Date started _____ Date left _____ Starting salary _____ Ending salary _____
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Previous employer _____ Address _____
Date started _____ Date left _____ Starting salary _____ Ending salary _____
Your title _____ Duties _____
Reason for leaving _____ May we contact employer? Yes No
Name of supervisor _____ Phone number _____

VOLUNTEER EXPERIENCE List experience pertinent to the medical field.

Organization _____ Your function _____ How long? _____
Organization _____ Your function _____ How long? _____

PLEASE PROVIDE TWO PROFESSIONAL REFERENCES (excluding friends, relatives)

1. _____ Occupation _____ Phone number _____
2. _____ Occupation _____ Phone number _____

Do you have any physical limitations or restrictions that could interfere with the performance of duties associated with the type of employment you are seeking? Yes No

Have you ever been convicted or released from prison in the last seven years for a crime of theft, robbery, embezzlement or a drug-related offense? Yes No

May we have your permission to conduct a criminal records check? Yes No

I authorize investigation of all statements contained in this application for employment. I understand that misrepresentation or omission of facts will be sufficient cause for cancellation of consideration for employment or dismissal from the employer.

APPLICANT'S SIGNATURE _____