

LAST NAME		FIRST NAME		MIDDLE	
HOME PHONE	CELL PHONE	EMAIL ADDRESS	DATE AVAILABLE FOR WORK		
POSITION APPLIED FOR		SALARY DESIRED			
PRESENT ADDRESS		CITY	STATE	ZIP	
FORMER ADDRESS		CITY	STATE	ZIP	
FORMER ADDRESS		CITY	STATE	ZIP	
IN EMERGENCY, NOTIFY		EMERGENCY PHONE			
ARE YOU OVER THE AGE OF 18? YES NO		WILL VISA OR IMMIGRATION STATUS PREVENT LAWFUL EMPLOYMENT? YES NO			

EDUCATION RECORD

NAME OF SCHOOL	LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	MAJOR/MINOR	DEGREE RECEIVED
HIGH SCHOOL					
COLLEGE					
COLLEGE					
OTHER					
OTHER					

EMPLOYMENT RECORD

EMPLOYER NAME	EMPLOYMENT DATES	SALARY	POSITION	ELIGIBLE FOR REHIRE?
	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			
NAME	FROM	STARTING	STARTING	YES
ADDRESS	TO	ENDING	ENDING	NO
SUPERVISOR	REASON FOR LEAVING			

LIST DETAILED REASONS FOR GAPS OF UNEMPLOYMENT OF MORE THAN 30 DAYS

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, DISABILITY STATUS, OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW. PLEASE LET US KNOW IF YOU NEED ACCOMMODATIONS IN ORDER TO PARTICIPATE IN THE APPLICATION PROCESS.

PERSONAL DATA

WHO REFERRED YOU? _____

HAVE YOU BEEN CONVICTED OR PLEADED NO CONTEST TO ANY CRIMINAL OFFENSE?
IF YES, INDICATE NATURE OF OFFENSE, DATE, COURT & DISPOSITION. (A CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT.) _____

ARE YOU ABLE TO PERFORM, WITH OR WITHOUT ACCOMMODATION, THE ESSENTIAL DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? _____

U.S. MILITARY SERVICE

BRANCH OF SERVICE	DATE IN	DATE OUT	WHERE SERVED	SPECIALTY
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EXPERIENCE

_____ ADDING MACHINES	_____ BOOKKEEPING	_____ TYPING _____ WPM	_____ EMR/EHR
_____ ADDING MACHINE WPM	_____ MEDICAL BILLING	_____ DICTATING EQUIPMENT	_____ SCANNER
_____ DATA ENTRY	_____ RECEPTIONIST	_____ WINDOWS PROGRAMS (SPECIFY): _____	
_____ ICD/CPT CODING	_____ MEDICAL RECORDS	_____	
_____ OFFICE MACHINES (SPECIFY)	_____		

INDICATE ANY OTHER SKILLS RELATED TO THE POSITION FOR WHICH YOU ARE SEEKING _____

I CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, DISCOVERY THAT I GAVE FALSE OR INCOMPLETE INFORMATION DURING THE APPLICATION PROCESS MAY RESULT IN IMMEDIATE DISMISSAL.

I FURTHER CERTIFY THAT I AM NOT ENGAGED IN ANY OUTSIDE ACTIVITY OR BUSINESS THAT COULD BE CONSIDERED IN CONFLICT WITH ENT ASSOCIATES' INTEREST OR THOSE OF ITS CUSTOMERS, NOR WILL I BECOME ENGAGED IN SUCH ACTIVITY OR BUSINESS IF EMPLOYED.

I AUTHORIZE ENT ASSOCIATES TO SOLICIT INFORMATION REGARDING MY CHARACTER, GENERAL REPUTATION, CREDIT, PREVIOUS EMPLOYMENT AND SIMILAR BACKGROUND INFORMATION, AND TO CONTACT ANY AND ALL FORMER EMPLOYERS AND REFERENCES I HAVE GIVEN ON MY APPLICATION. I HEREBY RELEASE ANYONE CONNECTED WITH ANY SUCH REQUEST FOR INFORMATION FROM ALL CLAIMS, LIABILITIES AND DAMAGES FOR ANY REASON ARISING OUT OF THE FURNISHING OF SUCH INFORMATION. IF EMPLOYED, I RELEASE ENT ASSOCIATES FROM ANY LIABILITY FOR FUTURE REFERENCES IT MAY PROVIDE REGARDING MY WORK HISTORY WITH ENT ASSOCIATES.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, AT THE OPTION OF EITHER ENT ASSOCIATES OR MYSELF. I UNDERSTAND THAT NO REPRESENTATIVE OF ENT ASSOCIATES, OTHER THAN THE PRACTICING PARTNERS, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

IF EMPLOYED, I FURTHER AGREE THAT IF ENT ASSOCIATES ADVANCES ANY PAID LEAVE BEFORE IT HAS BEEN ACCRUED, OR ADVANCES OR LOANS ME ANY MONEY DURING THE COURSE OF MY EMPLOYMENT, OR IF I LOSE, DAMAGE, OR FAIL TO RETURN ANY PROPERTY OF ENT ASSOCIATES, INCLUDING KEYS, ENT ASSOCIATES IS AUTHORIZED TO DEDUCT FROM MY WAGES SUFFICIENT FUNDS TO REPAY SUCH LOANS OR ADVANCES OR TO REPLACE ITS PROPERTY.

SIGNATURE _____

PRINTED NAME _____

DATE _____

FOR EMPLOYER USE ONLY
