



An Equal Opportunity Employer

EMPLOYMENT APPLICATION

COMPLETE ALL SECTIONS AND SIGN ON THE LAST PAGE
All Information You Provide Will Be Treated In Strictest Confidence.
(PLEASE PRINT)

_____ Date _____ Social Security Number _____

_____ Name _____ Other name under which employment/ degree can be verified _____

_____ Address _____ City _____ State _____ Zip Code _____

Area Code Home Phone No. Area Code Business Phone No. Area Code Cellular No.

HOW WERE YOU REFERRED TO US?

Want Ad _____ Employment Agency _____ School Recruiting _____ Walk In _____ Other _____

Name of Referring Employee if any: _____

IN CASE OF ACCIDENT, NOTIFY: (Optional) Name:	Address:	Telephone Home Business Cellular
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POSITION(S) APPLYING FOR: _____

Expected Salary \$ _____ per _____ Date Available _____ Have you ever applied at or worked for our company? Yes _____ No _____
If Yes, dates _____

Available to Work: Full Time _____ Part Time _____ Temporary _____ Summer _____

- May we contact your present employer? Yes _____ No _____ Does Not Apply _____ If Yes, Phone Number _____
- Are you legally authorized to work in this country?
Yes _____ No _____
- If employed and you are under 18 years of age can you furnish a work permit? Yes _____ No _____ Does Not Apply _____

EMPLOYMENT EXPERIENCE

Please fill this section out completely, even if submitting a separate resume (do not write 'See Resume').
 Start with your present or last job. Include all military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin, age, handicap, or ancestry.

Employer	Telephone ()	Dates Employed		Work Performed
		From	To	
Address				
Job Title	Hourly Rate / Salary			
	Starting	Final		
Supervisor				
Reason for Leaving				

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If you need additional space, please continue on last page – 'additional information' section.

EDUCATION: Please fill this section out completely, (do not write 'See Resume').

	High	Trade or Tech	College/ University	Graduate/ Professional
School Name				
City and State				
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/ Degree				
Describe Course of Study:				
Describe Specialized Training Apprenticeship, Skills, Extra-Curricular Activities, and Honors				

Office Equipment you are familiar with:

_____ Typewriter / Speed WPM _____
 _____ 10-Key Calculator by Touch/ Speed KSPM _____
 _____ CRT (Data Entry) /Speed KSPM _____

Computer Literacy:

- _____ Spreadsheet/MS Excel/ Other _____
 Beg _____ Inter _____ Adv _____
- _____ Word Processing/MS Word/ Other _____
 Beg _____ Inter _____ Adv _____
- _____ Accounting/MAS 90 _____ MAS 200 _____
- _____ Database/MS Access/ Other _____
 Beg _____ Inter _____ Adv _____
- _____ Presentation/MS Power Point/ Other _____
 Beg _____ Inter _____ Adv _____
- _____ Claims/EZ-CAP/ Other _____
- Other Computer Programs (List Software Proficiency):

Do you have knowledge of:

- _____ Medical Terminology
- _____ Dental Terminology
- _____ Workers Compensation Law
- _____ Unemployment Compensation Law
- _____ Temporary Disability Law
- _____ Medical Insurance/ Eligibility
- _____ Medical Claims Handling
- _____ Utilization Review
- _____ Accounting/ Bookkeeping
- _____ Auditing
- _____ Pension Claims Handling

Exclude any information which may indicate race, sex, national origin, age, creed, marital status or handicap, when answering the following questions.

State any additional information that you feel would help your application.

Please list any professional / civic organization memberships, offices held or activities.

Please list any hobbies or special interests.

Please list three references, name and phone number, who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

GENERAL INFORMATION

This application form is intended for use in evaluating your suitability for employment. It is not an employment contract. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, age, creed, national origin or handicaps, and such information may be omitted from this form. Additional testing of job related skills may be required prior to employment.

It is the policy of this Company to hire only U.S. citizens and aliens who are authorized to work in this country. (As a condition of employment, you will be required to produce original documents establishing your identity and authorization to work, and to complete the U.S. Immigration and Naturalization Service's Form I-9.)

APPLICANT'S STATEMENT

If employment is obtained under this application, I agree to provide the company with satisfactory and acceptable proof of my right to work at the site of employment. I agree to comply with all orders, rules, and regulations of this company, including the requirement to sign a non-compete agreement.

I certify that all statements made on this application are true and complete to the best of my knowledge. I understand that my application will not be considered if it is incomplete. Further, I understand that any misrepresentation or omission when discovered, will subject me to discharge.

I hereby authorize any investigation of the above or related work experience, education, or reputation information for purposes of consideration of my application for employment. I hereby release any such agency, employer or information bureau from all liability for any damage whatsoever for issuing such information.

This application is not a contract and cannot create a contract. I understand that if I am employed, my employment is "at will" and can be terminated at any time, either by myself or the Company, with or without cause or reason and with or without notice.

Date

Signature of Applicant