



**POSITION  
INFORMATION**

Name of Employer			
Street	City	State	Zip
Dates		From- / To- /	
Position	Position(s) Held		
Explain your duties, responsibilities and number of people supervised, if any.			
Why did you leave?			
Name of supervisor?		Phone # of Supervision	May we contact?
		( )	Yes <input type="checkbox"/> No <input type="checkbox"/>
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		( )	Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION	High School and/or G.E.D.:	Name and Location	Highest Grade Completed?	Grade Average?
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was your major study?		Last year of study?
	College:	Name and Location	Highest Grade Completed?	Grade Average?
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was your degree and major?		Last year of study?
	Trade or Business School:	Name and Location	How Long?	Grade Average?
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was your major study?		Last year of study?
	List other training you have had:			
	Extracurricular Activities, Offices held:			
	Academic honors or special recognition:			
	Current Memberships in Professional Organizations:			
Past Memberships in Professional Organizations:				
Sports, Hobbies and other interests:				
CLERICAL ONLY	Have you had experience in the following?			Length of Time?
	Accounting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Billing and Collecting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Medical Records	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Managed care contracting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Computers    Types: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Shorthand	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Typing        Average words per minute: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Dictation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____

# SUMMARY OF QUALIFICATIONS

In this space you briefly summarize any additional qualifications you feel are important in considering your application for employment.

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I fully understand that any significant misstatements in or omissions from this application constitute cause for denial of employment or cause for dismissal from employment. All information submitted by me in this application is true to my best knowledge and belief.

I hereby authorize an inquiry to be made on the information contained in the application, and authorize any individual contacted during this inquiry to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from providing this information.

If an employment agreement is established, I agree to conform to all the rules and regulations of North River Surgery Center. I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of North River Surgery Center.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date