


**75<sup>th</sup> St. Medical**

7408 Coastal Hwy, Ocean City, MD 21842

Phone: 410-524-0075 Fax: 410-524-0066

FACILITY NPI # 1467453266

**APPLICATION FOR EMPLOYMENT**

Position Applied For \_\_\_\_\_ Date Of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source: \_\_\_\_ Advertisement \_\_\_\_ Employee \_\_\_\_ Relative \_\_\_\_ Website

\_\_\_\_ Government Employment Agency \_\_\_\_ Walk In \_\_\_\_ Private Employment Agency \_\_\_\_ Other

Name of source (if applicable) \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

City

State

Zip Code

Social Security # \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell / Beeper / Other Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ If Necessary best time to call you at home: \_\_\_\_\_

May We Contact you at work: \_\_\_\_\_ If yes, work # and best time to call : \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit: \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and position: \_\_\_\_\_

Are you Legally eligible for employment in this country: \_\_\_\_\_

Dates available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired Salary Range?...\$ \_\_\_\_\_ \*MUST COMPLETE\*

Type of Employment Desired: \_\_\_\_ Full Time \_\_\_\_ Part time \_\_\_\_ Temporary \_\_\_\_ Seasonal

Type of Work Schedule Interested in? (Check all that apply) \_\_\_\_ Days (First Shift) \_\_\_\_ Evenings (Second Shift)

\_\_\_\_ Nights (Third Shift) \_\_\_\_ Weekends \_\_\_\_ Split Shifts \_\_\_\_ Rotating Shifts

Are you able to meet the requirements of the position? \_\_\_\_\_

Have you Ever Pled "Guilty" or no contest to a crime? \_\_\_\_\_

If Yes, please give date (s) and details?: \_\_\_\_\_

Answering "Yes" to these Questions does not constitute an automatic bar for employment, Factors such as date of offense, seriousness, and nature of the violation rehabilitation and position and position applied for will be taken into account.

**Employment History**

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (Use the Back If Necessary). Explain any gaps in employment in comments section below.

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Job Title / Ending Job Title: \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Per: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
May we contact for reference: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Later Ending Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Job Title / Ending Job Title: \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Per: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
May we contact for reference: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Later Ending Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Job Title / Ending Job Title: \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Per: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
May we contact for reference: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Later Ending Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Dates Employed: \_\_\_\_\_  
Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Starting Job Title / Ending Job Title: \_\_\_\_\_  
Immediate Supervisor and Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Per: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
May we contact for reference: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Later Ending Salary: \_\_\_\_\_ Per: \_\_\_\_\_

Comments: Including any gaps in Employment: \_\_\_\_\_

**References:**

List names and telephone of three Business/Work References who are not related to you, and who were your previous SUPERVISORS.

NAME	TELEPHONE	YEARS KNOWN & RELATIONSHIP

**Education And Experience:**

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School Level	Name / Location Of School	Degree	Did You Graduate?	Subjects Studied
High School				
College				
Trade / Correspondence				

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**License and Certification Information:**

License / Certification _____	#(If Applicable) _____	Date Issued _____	Exp Date _____
License / Certification _____	#(If Applicable) _____	Date Issued _____	Exp Date _____
License / Certification _____	#(If Applicable) _____	Date Issued _____	Exp Date _____

**Special / Related Training:**

List any special training that you've completed that may qualify you as being able to perform job-related functions in the position for which you are applying.

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Comment on any additional related experience(s) you may have had that may qualify you as being able to perform job-related functions in the position for which you are applying. (For Example: Clinical Experience, Home Health Care, Urgent Care, Senior Care, Pharmacy, Voluntary Services, etc...):

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Skills: the following are a list of skills required in our office, please go through, and answer as truthfully and accurately as possible.

Typing Skills: YES / NO Words Per Minute: \_\_\_\_\_

Data Entry: YES / NO Programs Used in Data Entry: \_\_\_\_\_

Computer Skills: YES / NO (Please Circle all programs that you can teach)  
DOS Windows 95, 98, XP EXCELL Word Q&A Symantec  
Microsoft Office Microsoft Publisher Medware Power Point

Any Other, Please Specify Below:  
\_\_\_\_\_

Public Relations / Customer Service Skills YES / NO

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Marketing Skills YES / NO

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Medical Skills: Answer yes ONLY if you have performed the following tasks WITHOUT REQUIRING DIRECT SUPERVISION:

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PLEASE CIRCLE

Can you take a temperature both Oral and rectal? YES / NO

Can you take a pulse? YES / NO

Can you take a blood Pressure? YES / NO

Can you draw blood? YES / NO

If yes, What type of training? \_\_\_\_\_

Can you do a 12 lead Ekg? YES / NO

Can you do burn Care? YES / NO

Can you do abrasion care? YES / NO

Can you do Laceration / Wound Care? YES / NO

Can you set up for a Intravenous Line? YES / NO

Can you start an IV? YES / NO

Can you give injections IV/IM? YES / NO

Can you do any of the following lab tests? YES / NO

    QBC (A special CBC machine) YES / NO

    Strep Test YES / NO

    Urine Analysis YES / NO

    Urine / Serum HCG (Pregnancy) Test? YES / NO

    Glucose - Finger Stick YES / NO

Can you position patients for x-rays? YES / NO

If yes, Which Views? \_\_\_\_\_

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Can you make a fiberglass splint? YES / NO

If Yes, which Type? \_\_\_\_\_

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Please List any other medical experience: \_\_\_\_\_

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**Job related questions**

Height: \_\_\_\_\_

Are you able to perform each of the following functions?

    1. Lifting objects greater than 10 lbs, but not exceeding 100 lbs. YES / NO

    2. Standing for long periods of time? YES / NO

Were you ever seriously injured? YES / NO

If yes give details: \_\_\_\_\_

Have you ever suffered from any work related injuries? Please give details? \_\_\_\_\_

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What foreign languages do you speak fluently? \_\_\_\_\_

Read: \_\_\_\_\_ Write: \_\_\_\_\_

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete, and correct.

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient to cause (i) cancel further consideration of this application. (ii) immediately discharge me from employer's service, whenever it is discovered.

I expressly authorize without reservation, the employer, it's representatives, employees or agents to contract and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me on this application, resume' or job interview. I hereby wave any and all rights and claims I may have regarding the employer, it's agents, employees of representatives, for seeking, gathering, and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 50 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause, and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity, and legal authority to work in the United States and that Federal Immigration laws require me to complete an I-9 Form in this regard.

I understand and agree that I may be required to take one or more physical examinations and a Drug Screen as a condition of hiring or continued employment. I agree to take such tests as designated by the company and to release the company and employees from any claim arising in connection with the use of such tests.

I give 75th & 126th Street Medical P.A. permission to perform a credit check if needed for employment.

**"UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND ANY APPLICANT FOR EMPLOYMENT OR PROSPECTIVE EMPLOYMENT OR ANY EMPLOYEE TO SUBMIT TO TAKE A POLYGRAPH, LIE DETECTOR OR SIMILAR TEST OR EXAMINATION AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. ANY EMPLOYER WHO VIOLATES THIS PROVISION IS GUILTY OF A MISDEMEANOR TO A FINE NOT TO EXCEED \$100."**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the forgoing applicant statement.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_