

75th Street Medical
7408 Coastal Hwy
Ocean City, MD 21842
Phone: 410-524-0075
Fax: 410-524-0066

126th Street Medical
12601-D Coastal Highway
Ocean City, MD 21842
Phone: 410-250-8000

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: _____

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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:

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

College

Trade / Correspondence

License and Certification Information:

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

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...):

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 Excel Word Q&A Symantec
Microsoft Office Microsoft Publisher Medware PowerPoint

Any Other, Please Specify Below:

Public Relations / Customer Service Skills YES / NO

Marketing Skills YES / NO

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

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? _____

Can you make a fiberglass splint? YES / NO

If Yes, which Type? _____

Please List any other medical experience: _____

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? _____

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: _____