

**APPLICATION FOR EMPLOYMENT  
UNIVERSAL HEALTHCARE PLACEMENTS**

**PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER**

DATE \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_

**PERSONAL INFORMATION**

LAST NAME FIRST NAME M.I. SOCIAL SECURITY NUMBER

PRESENT ADDRESS CITY STATE ZIP CODE

DAYTIME PHONE NUMBER EVENING PHONE NUMBER HAVE YOU APPLIED BEFORE? WHEN?

EMERGENCY CONTACT PERSON PHONE NUMBER HOW DID YOU HEAR ABOUT UNIVERSAL?

EMAIL ADDRESS:

**EMPLOYMENT DESIRED**

POSITION DESIRED TEMP OR PERM FULL TIME OR PART TIME SALARY OR HRLY. RATE

PREFERRED GEOGRAPHIC AREAS FOR POSITIONS

ARE YOU EMPLOYED NOW? YES \_\_\_ NO \_\_\_ MAY WE CONTACT YOUR EMPLOYER? YES \_\_\_ NO \_\_\_

**NOTE BELOW THE # OF YEARS EXPERIENCE AND SPECIALTY(S) IN THE FOLLOWING AREAS:**

IN-PATIENT

OUT-PATIENT

PRO FEE

CODING

MEDICARE BILLING

MEDICAID BILLING

COMMERCIAL/HMO BILLING

SELF-PAY COLLECTIONS

INSURANCE FOLLOW-UP

BLUE LINE

PAYMENT POSTING

CHARGE ENTRY

**NOTE BELOW THE # OF YEARS EXPERIENCE & SPECIALTY(S) IN THE FOLLOWING AREAS:**

MEDICAL RECEPTIONIST/SECRETARY

MEDICAL RECORDS

LIST YOUR MEDICAL AND NON-MEDICAL COMPUTER PROGRAMS EXPERIENCE

**FORMER EMPLOYERS**

LIST BELOW YOUR LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT FIRST

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	TITLE	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				

**REFERENCES**

LIST 3 PEOPLE (NOT RELATIVES) WHOM YOU HAVE KNOWN AT LEAST 1 YEAR – SUPERVISORS PREFERRED

NAME	PHONE NUMBER	RELATIONSHIP
1. _____		
2. _____		
3. _____		

NAME & LOCATION OF SCHOOL	# OF YRS.	GRADUATE?	WHEN?	COURSE AND/OR DEGREE
HIGH SCHOOL _____				
COLLEGE _____				
OTHER _____				

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST TEN YEARS? YES _____ NO _____ IF YES, EXPLAIN THE NATURE OF THE CONVICTION & DISPOSITION; INDICATE DATE WHEN PROBATION ENDED:
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**DISCLAIMER:** No employment contract is intended or created (oral or written) during the pre-employment process.**AUTHORIZATION:**

"I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that I will be ineligible for hire if I have falsified or misrepresented myself or my background on this application. I authorize investigation of all statements contained herein, and authorize the references and employers listed above to give you any and all information concerning my previous employment, and any pertinent information they may have, and release the company from any and all liability for any damage done that may result from utilization of such information."

It is also understood and agreed that I will be ineligible for hire if I have been found guilty of a crime; if the disposition was Probation Before Judgment (PBJ), it is understood that I will be ineligible for hire until the probationary period has ended.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE****REMARKS:**


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