

**THUNDERBIRD INTERNAL MEDICINE, LTD  
EMPLOYMENT APPLICATION**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SOC SEC # \_\_\_\_\_ ARE YOU PRESENTLY EMPLOYED? Y \_\_\_ N \_\_\_

*If employed, may we contact you at work?* Y \_\_\_ N \_\_\_ Phone: \_\_\_\_\_

*If employed, may we contact your employer?* Y \_\_\_ N \_\_\_ Phone: \_\_\_\_\_

POSITION DESIRED: \_\_\_\_\_ Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Are there any days you are not available? \_\_\_\_\_

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**EMPLOYMENT RECORD - PLEASE LIST THE MOST RECENT JOB FIRST**

1) EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

2) EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

3) EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_  
POSITION \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ PHONE \_\_\_\_\_  
EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
REASON FOR LEAVING \_\_\_\_\_

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**EDUCATION**

Year graduated from High School \_\_\_\_\_ or year obtained GED \_\_\_\_\_

Years of college completed \_\_\_\_\_ Major \_\_\_\_\_ Degree \_\_\_\_\_ GPA \_\_\_\_\_

Name of college attended \_\_\_\_\_ Dates \_\_\_\_\_

Name of vocational/technical school attended \_\_\_\_\_ GPA \_\_\_\_\_

Years of vocational/technical school completed \_\_\_\_\_ Dates \_\_\_\_\_ Degree \_\_\_\_\_

Have you ever had any alcohol or drug dependency? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic offense? Yes \_\_\_\_\_ No \_\_\_\_\_

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**SKILLS AND TRAINING**

<u>Clerical Skills</u>	<u># Years</u>	<u>Medical Skills</u>	<u># Years</u>
Receptionist	_____	Vital Signs	_____
Telephones	_____	Injections	_____
Appt Scheduling	_____	Assisting Physicians	_____
Collections	_____	EKG	_____
Bookkeeping	_____	PFT	_____
Acct Payable	_____	X-Rays	_____
Acct Receivable	_____	Sigmoidoscopy asst	_____
Computer	_____	Patient Call Backs	_____
Insurance	_____	Prescription refills	_____
Typing WPM _____	_____	Venipuncture	_____
Transcription	_____	Laboratory Tests	_____
Filing	_____	Ordering/Inventory	_____
Coding	_____	Auth/Referrals	_____
Other _____	_____	Other _____	_____

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**PROFESSIONAL REFERENCES**

- 1) NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_
- 2) NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_
- 3) NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_
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**PERSONAL**

IN CASE OF EMERGENCY, PLEASE NOTIFY \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

LIST OTHER NAMES YOU HAVE WORKED UNDER? \_\_\_\_\_

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***IN SUBMITTING THIS APPLICATION, I UNDERSTAND THAT FALSE STATEMENTS WILL DISQUALIFY ME FOR CONSIDERATION FOR EMPLOYMENT. I ALSO AUTHORIZE THUNDERBIRD INTERNAL MEDICINE, LTD. TO INVESTIGATE ALL STATEMENTS ON THIS APPLICATION AND /OR RESUME THAT I HAVE GIVEN. I ATTEST THAT ALL INFORMATION GIVEN IS TRUE AND CORRECT.***

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**Please write the meaning of the following abbreviations:**

BID _____	HGB _____
TID _____	CBC _____
QID _____	UA _____
PRN _____	HCT _____
NPO _____	WBC _____
DX _____	RBC _____
EKG _____	FBS _____
CXR _____	C&S _____
C.H.F _____	UTI _____
C.O.P.D _____	

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**Please write the meaning of the following terms:**

HYPERTENSION _____	EDEMA _____
TACHYCARDIA _____	GLUCOSE _____
HEMOPTYSIS _____	CARCINOMA _____

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At what age do patients usually become eligible for Medicare benefits? \_\_\_\_\_

What is the current Medicare yearly deductible for physician services? \$\_\_\_\_\_

Can you bill Medicare for labs drawn in your office but sent to a reference lab? \_\_\_\_\_