



**MED-STAT**

Phone: (262) 754-3919  
Fax: (262) 754-3674  
www.medstatusa.com

**USA**



Accredited by The Joint Commission

An Equal Opportunity Employer

## Employment Application

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

#### Please List Availability (Exact Hours Will be Determined Upon Hire)

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

#### Desired Work Status

Date Available to Begin Work: \_\_\_\_/\_\_\_\_/\_\_\_\_  Full Time  Part Time  Either

Have You Ever Been Convicted of a Crime?  Yes  No

If Yes, Please Explain: \_\_\_\_\_

#### Driver's License Information (A Valid Driver's License Is a Requirement to Work at MED-STAT USA, LLC)

State of Issue: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Had Any Accidents in the Past 3 Years?  Yes  No How Many? \_\_\_\_\_

Do You Have Any Moving Violations in the Past 3 Years?  Yes  No How Many? \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Trade School: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

College: \_\_\_\_\_ Course of Study: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**Previous Employment (List Last 3 Jobs, Starting With Current)**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Last Job Title: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary Start: \_\_\_\_\_ per \_\_\_\_\_ End: \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving (Be Specific)

\_\_\_\_\_

List Jobs Held, Duties Performed, Skills Used/Learned, Advancements or Promotions Earned While Employed.

May We Contact Your Current Employer?  Yes  No

\_\_\_\_\_

**Previous Employment (List Last 3 Jobs, Starting With Current)**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Last Job Title: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary Start: \_\_\_\_\_ per \_\_\_\_\_ End: \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving (Be Specific)

\_\_\_\_\_

List Jobs Held, Duties Performed, Skills Used/Learned, Advancements or Promotions Earned While Employed.

**Previous Employment (List Last 3 Jobs, Starting With Current)**

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Last Job Title: \_\_\_\_\_

Dates of Employment From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Salary Start: \_\_\_\_\_ per \_\_\_\_\_ End: \_\_\_\_\_ per \_\_\_\_\_

Reason for Leaving (Be Specific)

\_\_\_\_\_

List Jobs Held, Duties Performed, Skills Used/Learned, Advancements or Promotions Earned While Employed.

Skills: \_\_\_\_\_

Computer Applications Used: \_\_\_\_\_

Other:

**References (Other Than Relatives and Previous Employers)**

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

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

Relation: \_\_\_\_\_

Relation: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Length of Time Known: \_\_\_\_\_

Length of Time Known: \_\_\_\_\_

Please Use This Space to List Any Additional Information Necessary to Describe Your Qualifications for the Job Applied:

**Please Read Carefully**

Medical Examination:

Do you agree to take a performance evaluation, at the company’s expense, related to the essential requirements of the position for which you are applying? (May not pertain to every position)  Yes  No

**Electronic Submission**

By typing your full name, today’s date and time, you agree to submit this application via electronic means (e-mail). You may be asked to sign below during the interview process.

**Acknowledgement**

I hereby certify to the best of my knowledge and belief that the answers given by me to the forgoing questions and all statements made by me in the application are true and correct.

If employed, I agree that all material created and produced whether in written, graphic or broadcast form, all new or changes to processes developed during my employment are the exclusive property of MED-STAT USA, LLC to use and/or sell and that subsequent to my employment with this company will not disclose or use confidential information related to MED-STAT USA, LLC or any accounts or customers of MED-STAT USA, LLC without first obtaining written consent from an officer of MED-STAT USA, LLC.

**Industry Compliance Statement**

MED-STAT USA, LLC adheres to all applicable areas of the Health Information Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health (HITECH) act of 2009.

**Signature**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

---

For MED-STAT USA, LLC use only:

### Consent to Obtain Criminal Background and Motor Vehicle Record

I permit MED-STAT USA, LLC to inquire and obtain a criminal background and motor vehicle report on myself. I understand that MED-STAT USA, LLC will use this information to determine my suitability for employment, and MED-STAT USA, LLC will not release this information to any other sources without my permission.

Prospective Employee Signature: \_\_\_\_\_

Prospective Employee Name (Please Print): \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_