

EMPLOYMENT APPLICATION

UNIVERSITY MEDICAL GROUP

1610 University, Durant, OK 74701
(580) 924-3400

UNIVERSITY MEDICAL GROUP is an equal opportunity employer. Applicants will be considered without regard to race, color, religion, national origin, age, and handicap or veterans status.

PERSONAL INFORMATION

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip

Home Phone Number _____ Emergency Phone Number _____

Are you 18 years or older? Yes [] No []

Are you legally entitled to work in the USA? _____

After employment can you provide proof of citizenship, visa or alien registration number? Yes [] No []

Have you ever been convicted of a felony, or have you ever been convicted of public indecency or a violation of the Oklahoma Controlled Substance Act, or have you ever plead guilty or no contest to a criminal act? ___Yes___No. A positive response to this question will not necessarily bar you from being considered for employment. If yes to any of the above, give details including dates.

EMPLOYMENT DESIRED:

Position (1) _____ (2) _____
Full Time () Part Time () PRN/on call () Temporary ()

Salary Desired: _____

GENERAL INFORMATION:

Have you ever been employed by this clinic? Yes () No () Dates _____

Position _____ Last Name under which you worked _____

Reason for leaving: _____

Are you related to any current employee of University Medical Group? Yes () No ()

If yes, give name and relationship _____

What prompted you to apply for a position with UMG (Friend, ad, agency, etc)?

EDUCATION:

TYPE OF SCHOOL	Name & Location of School	No. of Years Attended	Did you graduate? (yes/No)	Degree
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High School _____

Name & Location of School	No. of Years Attended	Did you graduate? (yes/No)	Degree
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College/University _____

College/University _____

Business/Trade Sch. _____

PROFESSIONAL LICENSES OR CERTIFICATIONS:

Professional Certificates or License held: _____

Oklahoma Professional License Number: _____ Expiration Date _____

SKILLS:

Please check all the skills you currently possess:

- | | | |
|---|--|--|
| <input type="checkbox"/> Filing | <input type="checkbox"/> Computer Spreadsheet | <input type="checkbox"/> Switchboard (PBX) |
| <input type="checkbox"/> Typing (wpm _____) | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Collections |
| <input type="checkbox"/> Dictaphone | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Medical Office Experience |
| <input type="checkbox"/> 10 key by touch | <input type="checkbox"/> Medical Transcription | <input type="checkbox"/> Other; please list |
| <input type="checkbox"/> Word Processor (wpm _____) | | _____ |
| | | _____ |

PERSONAL REFERENCES:

Give the names of three persons not related to you, whom you have **known at least three years:**

Name	Occupation/Title	Address	Phone	Yrs. Known
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

EMPLOYMENT HISTORY:

List below your last three (3) employers, starting with last one first:

1. CURRENT OR LAST EMPLOYER _____ PHONE _____
 Address _____ Dates of Employment _____
 Type of Business _____ Start Salary _____ End Salary _____
 Position & Duties _____
 Supervisor _____ Last name under which you worked _____
 Reason for Leaving _____

2. CURRENT OR LAST EMPLOYER _____ PHONE _____
 Address _____ Dates of Employment _____
 Type of Business _____ Start Salary _____ End Salary _____
 Position & Duties _____
 Supervisor _____ Last name under which you worked _____
 Reason for Leaving _____

3. CURRENT OR LAST EMPLOYER _____ PHONE _____
 Address _____ Dates of Employment _____
 Type of Business _____ Start Salary _____ End Salary _____
 Position & Duties _____
 Supervisor _____ Last name under which you worked _____
 Reason for Leaving _____

I verify that all of the information provided by me on this application is true, correct and complete.

I understand that any employment relationship with University Medical Group is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. I understand this "at will" employment relationship may not be changed verbally or by any written document unless an authorized officer acknowledges such change in writing. I also understand that nothing contained in this application or in the granting of an interview created a contract between University Medical Group and myself for either employment or for the providing of benefits.

If I am hired, I agree to abide by all policies and procedures of University Medical Group.

I hereby authorize University Medical Group to investigate all facts contained in my application for employment, or facts discovered in my interview for employment with said clinic. I authorize the release of any and all information by my present and past employers, wherever located, which may be required for a reference check. I further authorize all of my previous employers and current employer to give any and all information concerning my employment and any other pertinent information which said employers may have, personal or otherwise, and I release all parties from all liabilities for any damages which may result from the furnishing of said information.

I authorize University Medical Group to investigate, now and during my employment, my past employment, education and activities and to request and receive any information concerning me including but not limited to criminal history, consumer reports, credit reports, and public records, from any persons, entities, schools, companies, corporations, associations, credit bureaus, consumer reporting agencies, state agencies, departments of labor, law enforcement agencies, licensing agencies and from my previous employers. A "consumer report" refers to any information bearing on an individual's creditworthiness, credit standing, credit capacity, character, general reputation or personal characteristics. For example, it includes a criminal records check. If you are denied employment because of a consumer report, you will be advised of that fact and the source of the consumer report. A consumer investigative report may be requested. You have the right to obtain a written description of the nature and scope of the consumer investigative report.

I further release, discharge, and hold harmless University Medical Group and all its agents, any person, law enforcement agencies, schools, or personal/business entities and their respective officers, directors, employees, representatives and agents of any kind from any and all claims, liability, damages and responsibility of whatever kind or nature, arising out of or in connection with any act or omission in any such investigation or compliance with this authorization and request to release information, or any attempt to comply with it. This paragraph applies to any negligence, sole negligence, comparative negligence, concurrent negligence, error, or omission.

I have voluntarily signed this release to assist in the evaluation of my employment qualifications and if employed, to assist in the determination of whether I have violated any company policy or acted adversely to the interests of University Medical Group. I understand and agree that this means that University Medical Group can conduct a background investigation prior to being offered a position, after being offered a position and during my employment. I agree that if any investigation at any time reveals that I provided false information to or omitted information from University Medical Group (including, but not limited to any application, resume or interview) then the application process may be halted, any offer may be withdrawn or if employed, disciplinary action may occur including termination of my employment with University Medical Group.

A copy of this release shall be as valid as the original.

Applicant Signature

Date

Printed Name of Applicant