



EMPLOYMENT APPLICATION

Thank you for your interest in employment with Dayton Outpatient Center and AccessMD Urgent Care. We are always accepting applications for Receptionists, Medical Assistants, GXMO or RT certifications, Billing, Collections, Coding, and Mid-level providers and Physicians.

Our Hiring Process:

- Please e-mail/fax or mail your employment application with resume
- Your application will be reviewed and if your application meets the requirements of an open position you will be contacted for an interview.
- If you have been interviewed and we consider offering you a position, your previous employers/references will be contacted, please prepare them for a call from AccessMD Urgent Care.

Please submit your application:

E-mail: mikeh@daytondoc.com

Fax:
937-252-1224

Mail:
AccessMD Urgent Care
Attn: Mike Horne
1010 Woodman Dr
Dayton, OH 45432

Work Experience

List the last three positions you have held beginning with the most recent. Accuracy of dates and addresses are essential.

Present or last employer: _____

Address: _____

Title/description of work and special skills: _____

Reason for leaving: _____

May we contact your employer Yes No Phone: _____

Supervisor's name and title: _____

Dates worked from _____ to _____ Starting Salary \$ _____ Final Salary \$ _____

Previous employer: _____

Address: _____

Title/description of work and special skills: _____

Reason for leaving: _____

May we contact your employer Yes No Phone: _____

Supervisor's name and title: _____

Dates worked from _____ to _____ Starting Salary \$ _____ Final Salary \$ _____

Previous employer: _____

Address: _____

Title/description of work and special skills: _____

Reason for leaving: _____

May we contact your employer Yes No Phone: _____

Supervisor's name and title: _____

Dates worked from _____ to _____ Starting Salary \$ _____ Final Salary \$ _____

Education

HIGH SCHOOL NAME & LOCATION	CITY, STATE	HIGHEST GRADE COMPLETED

COLLEGE AND/OR SCHOOL OF NURSING	CITY, STATE	MAJOR/CREDIT HOURS COMPLETED	DEGREE/YEAR COMPLETED

OTHER TRAINING (Trade, Technical, Vocational, Military)	CITY, STATE	HOURS, CREDITS OR CERTIFICATES

Skills or Training

Please check the following boxes that you have certificates or are proficient in:

- | | | |
|---|--|---|
| <input type="checkbox"/> BLS/CPR Certified | <input type="checkbox"/> Certified Medical Assistant | <input type="checkbox"/> Taking/Developing X-Rays |
| <input type="checkbox"/> Urine Drug Screens | <input type="checkbox"/> Breath Alcohol Testing | <input type="checkbox"/> Registered Technician |
| <input type="checkbox"/> Injections | <input type="checkbox"/> EKG | <input type="checkbox"/> Triaging/Medical Histories |
| <input type="checkbox"/> Physicals | <input type="checkbox"/> Wound Dressing | <input type="checkbox"/> Splinting/Brace Fitting |
| | | |
| <input type="checkbox"/> Typing: _____wpm | <input type="checkbox"/> ICD9 or CPT Coding | |
| <input type="checkbox"/> AthenaHealth or Other Medical Software | | |
| | | |
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft PowerPoint |

Any other skills/trainings that you would like to list: _____

References:

Please list business or work related references and their relationship to you:

	<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

This information that I have provided on this application is complete and accurate to the best of my knowledge and subject to validation by AccessMD Urgent Care and its affiliates. I understand that any misleading or incorrect statements or omissions may result in my not being employed or if I am employed, may be cause for immediate dismissal at any time during my employment.

My application for employment with AccessMD Urgent Care is made with the understanding that nothing contained in this application or in the granting of an interview is intended to create a contract between AccessMD Urgent Care and myself for either employment or for providing of any benefit. Further, if AccessMD Urgent Care and I enter into an employment relationship, I understand that I may terminate my employment at any time and for any reason and I understand that any false information, omissions, or misrepresentations of fact called of in this application may result in rejection of my application or discharge at anytime during my employment. I authorize AccessMD Urgent Care to obtain information concerning me from current or former employers, references, educational institutions, state and federal agencies for public records including, but not limited to, motor vehicle or criminal records. I release all concerned from any liability or damage whatsoever for issuing this information.

Applicant Signature

Date