

EMPLOYMENT HISTORY							
Are you currently employed?		Yes	No	May we contact your employer?		Yes	No
Dates Mo/Yr	Company Name and Address	Salary	Title or Position	Description of Work Duties			
From:		Start \$					
To:		Final \$					
Supervisor's Name & Phone:			Reason for Leaving:				
EMPLOYMENT HISTORY							
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To:		Final \$					
Supervisor's Name & Phone:			Reason for Leaving:				
If you worked for any of these employers under a different name, please specify which employer and under what name.							
MILITARY EXPERIENCE							
Have you obtained any special skills or abilities as the result of service in the military?			Yes	No			
Please indicate specialization, training, work experience or certificates obtained:							

SKILLS

What foreign language(s) do you speak, read or write fluently?

Check the appropriate space below to show experience or training in the skills or equipment named.

Accounting	Bookkeeping	Computer Operator	Copy Machine	Dictating Equipment	Transcription			
Fax Machine	Filing	Ten Key	Microfiche	Excel	MS Word	Power Point	Switchboard	
Shorthand ____ wpm	Typing ____ wpm	Data Entry ____ kpm	Medical Terminology					
Medical Coding:	ICD 9	CPT 4	RBRVS	Billing:	ADP	HCFA	3rd Party	Champus
Claims:	CSC	EZCAP	Other: _____					

PROFESSIONAL POSITIONS

Are you Licensed/certified for the job applied for? Yes No

License/certification:	MD	DO	PHD	CPA	CPC/CCS	LVN	LPN	MA
	MLT/MT	NP	PA	RN	RPT	R Pharm	X-Tech	

Issuing state(s):

License/certification number(s):

Has your license/certification ever been revoked or suspended? Yes No

If yes, state your reason(s), date of revocation or suspension and date of reinstatement:

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PROFESSIONAL REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Address	Phone	Occupation	Years Known

This application will be given every consideration, but its receipt does not infer that I will be employed. I understand that nothing contained in this application, or conveyed during any interview, which may be granted me, is intended to create an employment agreement between me and the Company. Neither manager nor supervisor may offer any other employment than at-will. Only the Company President may offer other employment and then only in writing. Furthermore, I understand that if hired my employment status will be that of any employee at-will, with no contractual right, express or implied; and that this employment is for no definite period of time. I also agree that my employment and compensation can be terminated, with or without cause, with or without notice, at any time at the option of either Axminster Medical Group, Inc. or myself.

I fully understand that because of the nature of the business conducted by Axminster Medical Group, Inc., all information, whether written, spoken or otherwise communicated or obtained, and all files and records relating to the business of Axminster Medical Group, Inc. Axminster Medical Group, Inc. or to anyone with whom Axminster Medical Group has dealings, constitute privileged information and are to be treated in a strictly confidential manner. I fully understand and agree that if I should be employed, I am not to, and will not at anytime, communicate, or reveal any business of Axminster Medical Group, Inc. or any such information, records, files or the matters contained therein to unauthorized personnel within Axminster Medical Group, Inc. or to anyone outside Axminster Medical Group, Inc. I also understand that any violation of the foregoing may result in disciplinary action, including termination of employment.

I agree if I am employed by Axminster Medical Group, Inc. during that employment, I will observe and conform to the rules, regulations and policies of Axminster Medical Group, Inc. set forth in the Human Resources Policies and Procedures Manual, Employee Handbook, including such rules, regulations and policies as may be adopted subsequent to the date of this agreement. I will abide by Axminster Medical Group's Code of Conduct upon hire and throughout the duration of my employment.

I hereby authorize Axminster Medical Group, Inc. to investigate all statements contained in this application, to interview the references I have listed and the current and/or prior employers in the application and to conduct any other investigation in connection with this application, which Axminster Medical Group, Inc. deems appropriate. I authorize prior employers to give Axminster Medical Group, Inc. any and all facts, opinions, evaluations, and/or characterizations concerning my previous employment and any other information they may have, personal or otherwise, and release all parties from any liability which may allegedly arise from furnishing this information to Axminster Medical Group, Inc. including, but not limited to, any liability for defamation or invasion of privacy.

I fully understand that Axminster Medical Group, Inc. employs only U.S. Citizens and properly authorized aliens, and that should I become employed, proof of authorization to be employed in the United States will be required in accordance with the Immigration and Reform Act of 1986. Failure to establish such proof will prohibit or discontinue employment.

Should I be employed, I agree to have my photograph taken for security reasons. In accordance with the Company's Drug and Alcohol-Free Workplace Policy, prospective and current employees may be asked to submit to drug or alcohol screening tests. If I refuse to be tested or if the test results reveal the presence of illegal drugs, my application will be rejected.

I certify that to the best of my knowledge the information contained in this application is complete and correct. I understand that if I make a false statement or leave out information, either in this application or in responding to supplemental requests for information related to this application, the false statements or omission is sufficient to disqualify me from employment with Axminster Medical Group, Inc. to which this application is submitted or with any Axminster Medical Group, Inc. subsidiary companies. I also agree that such false statements or omission of information is sufficient and just cause for discharge if I am employed by Axminster Medical Group, Inc. subsequent to submitting this application.

I HEREBY ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Applicant's Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

AXMINSTER

MEDICAL GROUP, INC.

Writing Sample

In the space provided, please answer the following in a few paragraphs:
(Please do not write more than the front side of this sheet.)

1. What are your career goals? (What do you see yourself doing in the next 3-5 years?)
2. What is your purpose in applying for this position?
3. Why are you looking for a new job now?
4. What would your last supervisor say about you?
5. Tell us something *interesting/unusual/different/exciting* about yourself.