

HSC Medical Billing & Consulting

An Equal Opportunity Employer

Resume

Attach your Resume Here. Resume must be in Word (.doc, .docx) or PDF format

APPLICATION FOR EMPLOYMENT

Please Complete All Portions Of This Application In Its Entirety.

Do Not Refer To Resume Entries.

PERSONAL

Name: _____ E-mail Address: _____
Last First Middle

Present Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Home Telephone: _____ Cell Phone: _____

NOTICE TO ALL APPLICANTS

Federal Law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time period will result in immediate termination.

Any offer of employment that may be made to you is contingent on your submission of satisfactory proof of your identity and legal authorization to work in the United States.

If you fail to submit this proof, Federal Law prohibits us from hiring you.

Are you 18 years of age or older? Yes No

If a minor, do you have a work permit? Yes No

EDUCATION

High School

Name of School: _____ City: _____ State: _____

Major and Minor Courses: _____

Years Completed: 9 10 11 12 Degrees or Certificates: _____ Letter Grade/GPA: _____

College

Name of School: _____ City: _____ State: _____

Major and Minor Courses: _____

Years Completed: 1 2 3 4 Degrees or Certificates: _____ Letter Grade/GPA: _____

Graduate School

Name of School: _____ City: _____ State: _____

Major and Minor Courses: _____

Years Completed: 1 2 3 4 Degrees or Certificates: _____ Letter Grade/GPA: _____

Business or Technical School

Name of School: _____ City: _____ State: _____

Major and Minor Courses: _____

Years Completed: 1 2 3 4 Degrees or Certificates: _____ Letter Grade/GPA: _____

Professional Licenses: _____

Vocational or Trade Training: _____

Computer Skills: _____

Special Skills or Machines Operated: _____

UNITED STATES MILITARY SERVICE

Have you received any job-related training in the United States Military? **Yes** **No**

Type of work or duties: _____

EMPLOYMENT RECORD

List places of employment including temporary and permanent • **BEGIN WITH MOST RECENT OR CURRENT EMPLOYER** •
List Telephone Numbers for contact during business hours

Current/Most Recent Employer

Employer Name: _____ Employer Address: _____ Employer Phone #: _____

Starting Date: _____ Starting Salary: _____ Starting Position: _____ Immediate Supervisor: _____ Supervisor's Phone #: _____

Ending Date: _____ Ending Salary: _____ Ending Position: _____ Supervisor's Title: _____

Reason for Leaving: _____

Briefly list job responsibilities – specific accomplishments - contributions: _____

Second Most Recent Employer

Employer Name: _____ Employer Address: _____ Employer Phone #: _____

Starting Date: _____ Starting Salary: _____ Starting Position: _____ Immediate Supervisor: _____ Supervisor's Phone #: _____

Ending Date: _____ Ending Salary: _____ Ending Position: _____ Supervisor's Title: _____

Reason for Leaving: _____

Briefly list job responsibilities – specific accomplishments - contributions: _____

Third Most Recent Employer

Employer Name: _____ Employer Address: _____ Employer Phone #: _____

Starting Date: _____ Starting Salary: _____ Starting Position: _____ Immediate Supervisor: _____ Supervisor's Phone #: _____

Ending Date: _____ Ending Salary: _____ Ending Position: _____ Supervisor's Title: _____

Reason for Leaving: _____

Briefly list job responsibilities – specific accomplishments - contributions: _____

Fourth Most Recent Employer

Employer Name: _____ Employer Address: _____ Employer Phone #: _____

Starting Date: _____ Starting Salary: _____ Starting Position: _____ Immediate Supervisor: _____ Supervisor's Phone #: _____

Ending Date: _____ Ending Salary: _____ Ending Position: _____ Supervisor's Title: _____

Reason for Leaving: _____

Briefly list job responsibilities – specific accomplishments - contributions: _____

Are you currently employed? Yes No May we contact your present employer at this time? Yes No Have you ever been discharged from employment? Yes No

Are you currently working for a Public Accounting Firm that is a member of the RSM Alliance network? Yes No

GENERAL

Position Applied For _____ Salary / Rate Expected _____ Date You Can Start _____

Total number of hours available to work each week: _____

Would you be available to work overtime? Yes No

If the position requires it, are you available to travel? Yes No

Have you ever been convicted of a crime, other than a minor traffic violation? Yes No

If yes, list below all convictions (except expunged), starting dates, nature of offenses and where convicted (include military convictions)

(A CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT)

BUSINESS REFERENCES

Do not list relatives.

Reference #1

Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Company: _____ Daytime Phone: _____ Evening Phone: _____

Reference #2

Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Company: _____ Daytime Phone: _____ Evening Phone: _____

Reference #3

Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Company: _____ Daytime Phone: _____ Evening Phone: _____

Reference #4

Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____

Occupation: _____ Company: _____ Daytime Phone: _____ Evening Phone: _____

I certify that the information contained in this application is true and correct without any omissions of any kind whatsoever. I hereby acknowledge my understanding that falsification of the information given or the omission of any necessary or relevant information is grounds for refusal to hire or, if hired, for termination. I agree that Harding, Shymanski & Company, P.S.C., called "The Company" herein, shall not be liable in any respect if my employment is terminated because of any such false statements or omission.

I hereby authorize all of my prior employers, the officials of all schools which I have attended or been associated with, any person named above or on this application form, all public officials, or any other person or entity to give any information regarding my employment, whether or not it is on their records. I hereby release said employers, schools, public officials and other persons and entities, from any and all liability for any damage whatsoever which might result from their revealing or publishing this information, now or in the future.

I understand and agree that an investigation may be made whereby information is obtained through credit references, law enforcement agencies, my business or personal references and personal interviews with neighbors, friends, and others with whom I am acquainted. This may include information as to character, general reputation, or personal characteristics. Further, I release these sources from any liability resulting from providing such information.

If employed, I agree to conform to the policies and procedures of the Company and acknowledge that these may be changed, interpreted, withdrawn, or amended by the Company at any time, at the Company's sole option and without any prior notice to me.

I further acknowledge that my employment, or any offer of employment, if such is made, is for no definite period regardless of the state of payment of wages or salary, may be terminated with or without cause, and with or without prior notice, at any time, even after acceptance, at the option of the Company or myself.

I acknowledge and permit that, from time to time, the Company may be required to submit certain information with regard to my employment or application and release the Company, its agents, assigns and organizational units from any liability resulting from submission of such information.

I understand that the use of this form does not indicate that there are positions open and does not in any way obligate the Company.

I hereby acknowledge that I have read and fully understand the meaning and importance of the foregoing as well as the fact that no contract of employment exists between myself and the Company and, further, that in the event I am employed by the Company, this employment application will constitute a full and complete statement of the terms and conditions of my employment and that no contract of employment can be inferred to exist unless specifically agreed to in writing by the Company, and further, that I am aware of the consequences of affixing signature hereto.

Applicant Signature: _____

Note that after submitting this form an e-mail will be sent to the e-mail address that you entered on the first page of this form confirming that we received your Application. Please complete and submit the Voluntary Self Identification form next.