

APPLICATION : Pediatrics Practice, 15000 Los Gatos Blvd # 3. Los Gatos, CA

Date:

email address: Losgatos.medical@gmail.com

www.DrParekh.com

Last Name:	First Name:	Middle initial:
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Present address :	* How long at this address ?	
City:	State	Zip:

Driver's Licence #	give at interview time	Social Security #	give at interview time	Date of Birth: give at interview
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Home Tel#	Cell #	Email:
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Position applied for :
Salary desired:

Employment desired : FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL OR PART-TIME _____	
How many hours can you work weekly?	Can you work weekends?

From when can you start working - Date ?:

How did you come to know about the position ?

Education / Training:

Name of High-school:	* Please attach high-school transcript
City & State	From Year: _____ To Year: _____
Subjects / major	GPA:

Name of College or Vocational school:	* Please attach transcript
City & State	From Year: _____ To Year: _____
Subjects / major	GPA:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

What is your means of transportation to work? ___
Have you had any accidents during the past three years? How many? _____
Have you had any moving violations during the past three years? How Many? _____

Please select your experience as below:		Typing: Yes or No. Speed: ?	
Medical Billing experience ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Vaccination/ IV / Injection	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
ICD - CPT code knowledge ?	Average <input type="checkbox"/> Basic <input type="checkbox"/> Advance <input type="checkbox"/>	Comment	
Insurance claim forms ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	MS Excel, Word :	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Medical terminology ?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Filing, calculating	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

Please list three references other than relatives :

(a) Name:	How long you know her/him ?
Title/ Position:	Company name:
Cell number:	Email:
(b) Name:	How long you know her/him ?
Title/ Position:	Company name:
Cell number:	Email:
(c) Name:	How long you know her/him ?
Title/ Position:	Company name:
Cell number:	Email:

Please list your work experience for the past six years beginning with your most recent job held.

If you were self-employed, give firm name. Attach additional sheets if necessary.

(1) Name of employer	Web:	Tel :
Address:		
Your job title:	Working hours/ full time/ part time?	
Supervisor Name:	Phone Number:	
Employment dates: From date:	To date:	
Starting salary	Ending salary	Comment:
Duties & Responsibilities		
Reason for leaving (be specific)		

(2) Name of employer	Web:	Tel :
Address:		
Your job title:	Working hours/ full time/ part time?	
Supervisor Name:	Phone Number:	
Employment dates: From date:	To date:	
Starting salary	Ending salary	Comment:

Duties & Responsibilities		
Reason for leaving (be specific)		
(3) Name of employer	Web:	Tel :
Address:		
Your job title:	Working hours/ full time/ part time?	
Supervisor Name:	Phone Number:	
Employment dates: From date:	To date:	
Starting salary	Ending salary	Comment:
Duties & Responsibilities		
Reason for leaving (be specific)		

May we contact your present employer? Yes or No comment if any:

<p>I authorize educational institutes, employers, law enforcement authorities, organization and individuals having relevant information concerning me to release such information & I release all concerned from any liability in connection therewith.</p> <p>I certify that the answers provided in this form are accurate to the best of my knowledge & belief. Failure to complete this from with incorrect information and intentional misstatement may result refusal or discharge.</p> <p>Applicant may be tested for illegal drugs. Applicant will follow internet/ cell phone policy.</p> <p>Signature: _____ Date: _____</p>
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Any additional information you would like to provide, please write below:

Note:

Please attach resume and transcripts and certificates if available