



Employment Application

New Bedford Medical Associates is an equal opportunity employer and does not discriminate because of color, race, sex, religion, age, national origin, disability or sexual orientation. New Bedford Medical Associates will reasonably accommodate qualified disabled applicants in the workplace.

Instructions to Applicant

1. Please read carefully, print clearly and answer all questions. The questions on this application enable us to properly evaluate your ability and chance for success in the position for which you are applying. Your application will not be processed unless all questions are answered.
2. This Employment Application will be considered inactive after one year. If you wish to be considered after that time, you must complete a new Employment Application.

Name of Applicant: _____

Date of Application: _____

Position Applying For: _____

Date Available to Start: _____

Section 1: General Information

Last Name	First	Middle
Social Security Number		
Street Address		
City	State	Zip
Phone Number		Alternate Number

Have you ever been employed by New Bedford Medical Associates?	Yes	No
If Yes: Date(s) of Employment		
Position:		Location:

Yes	No	Are you authorized to work in the United States?
Yes	No	Are you at least 18 years of age?
Yes	No	If you are younger than 18 years of age, are you able to provide a work permit?

Section 2: Position Information

Position you are applying for:				
Are you applying for:	Full Time	Part Time	Per Diem	Temporary
# of hours available per week:	Are you available to work weekends? Yes No			
Date available to start:		Expected Salary:		

Section 3: Education and Training Information

Schools (Name and Locations)	Area of Concentration	# of Years Attended	Did you Graduate?	Diploma, degree or certificate received
High School				
College				
Graduate School				
Other Education				

Training and Certification Programs

Computer Software Skills

Indicate any foreign languages you can speak, read, write and/or understand

Language	Speak	Read	Write	Understand

Please list any Professional and community organizations which you presently hold memberships in which may assist you in the position for which you are applying

List any other experience, skill or knowledge which you feel would enhance your opportunity for employment with New Bedford Medical Associates:

Section 4: Employment History

Please provide a complete record of all employment, volunteer assignments and reasons for unemployment during the past 10 years. Begin with the most recent employment

Employer Name	Dates Employed From: _____ To: _____	
Address	Starting Salary \$ _____	Ending Salary \$ _____
City, State	Telephone _____	
Position & Duties		
Reason for leaving	Supervisor	

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Position & Duties		
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Employer Name	Dates Employed From: _____ To: _____	
Address	Starting Salary \$ _____	Ending Salary \$ _____
City, State	Telephone _____	
Position & Duties		
Reason for leaving	Supervisor	

List any employers you do not want us to contact
If your employment records exist under another name, please specify:

Section 5: Military Service

Have you ever served in the U.S. Military?		
If yes, Branch:	Dates of Service:	
Briefly describe your duties and the skills acquired in the Service:		
Were you released with less than honorable discharge?	Yes	No
If Yes, please explain:		

Section 6: Medical Office Skills and License Information

Medical Terminology	Yes	No
Dictaphone	Yes	No
Transcription	Yes	No
Third-party Billing	Yes	No
Medical Records	Yes	No
Front Desk	Yes	No
Electronic Medical Records	Yes	No

The following is to be completed by applicants holding professional licenses, registrations and/or certifications:

Registration Type and Number		
States in which you are registered		
Date registration/certification was issued		
Date registration/certification expires		
If not registered, have you applied	Yes	No
Date applied		
Expected date for registration/certification		
Has your license, certification or registration ever been suspended or revoked?	Yes	No
If yes, please explain:		

Section 7: In one paragraph, please explain why you would like to work for New Bedford Medical Associates, P.C.

Section 8: Reference Information

Please provide the information for persons we may contact to verify your qualifications for this position. Please do not list relatives, personal friends or supervisors already listed in the employment history section.

Name	Occupation	Organization
Phone	Address	
Name	Occupation	Organization
Phone	Address	
Name	Occupation	Organization
Phone	Address	

Section 9: Completion of Application

In order to complete your application, please read the following statements and then sign and date the application form.

Application Fraud & Misrepresentation

I certify that all of the statements (verbal and written) made on any and all material collected during the hiring process are true, complete and correct to the best of my knowledge and belief and are in good faith. I understand that any falsehoods or willful omissions shall be cause for immediate dismissal or denial of employment by New Bedford Medical Associates.

I understand that if I am hired, my hiring will not be considered as creating a contractual relationship for a definite term between me and New Bedford Medical Associates. I thus understand that, unless otherwise specifically set forth in a separate written document signed by me and by an authorized representative of New Bedford Medical Associates, I will be employed “at will”, meaning that either I or New Bedford Medical Associates may terminate my employment at any time.

Employment Eligibility Verification

All offers of employment by New Bedford Medical Associates are contingent on the provision of satisfactory proof of your identity and legal authority to work in the United States. I understand that if I am hired, I must be lawfully authorized to work in the United States and I must comply with the requirements of the US Department of Homeland Defense’s Employment Eligibility Verification (I-9 Form).

Reference & Background Checking

I authorize inquiry of all statements contained in the employment application in order to determine my qualifications for employment. An inquiry may be made to provide information of my character and reputation. I understand that New Bedford Medical Associates may inquire of past employers information about my employment record, including information regarding my work performance and reasons for termination. By my signature, I hereby authorize New Bedford Medical Associates to make such inquiry pertinent to my qualification for the position for which I am applying.

Applicant’s Signature & Date