

# APPLICATION FOR EMPLOYMENT

## UROLOGIC SPECIALISTS OF OKLAHOMA, INC

USO is an Equal Opportunity Employer. Please complete the Application fully.  
Questions which are Not Applicable should be marked N/A.

**PERSONAL:**

**DATE** \_\_\_ / \_\_\_ / \_\_\_

|                            |                     |                |
|----------------------------|---------------------|----------------|
| Last Name:                 | First Name:         | MI:            |
| Street Address:            | City:               | State: Zip:    |
| Telephone No:              | Social Security no: |                |
| <b>EMPLOYMENT DESIRED:</b> | Position            | FT / PT        |
|                            | Date Avail.         | Salary Desired |

Have you ever applied to this office before? Yes / No      When: \_\_\_\_\_

| EDUCATION:  | Name and location of Schools | List Degree and Year Received | Subjects Studied |
|---|------------------------------|-------------------------------|------------------|
| HIGH SCHOOL   |                              |                               |                  |
| COLLEGE/S   |                              |                               |                  |
| TRADE, BUSINESS<br>CORRES , SCHOOL                        |                              |                               |                  |
| Continuing education or special training (please specify) |                              |                               |                  |
|   |                              |                               |                  |

**EXPERIENCE:** (Indicate the numbers of Years and/or Months)

|  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> TYPING<br><input type="checkbox"/> FILING<br><input type="checkbox"/> PHONES<br><input type="checkbox"/> SCHEDULING<br>MANUAL<br><input type="checkbox"/> SCHEDULING<br>COMPUTER<br><input type="checkbox"/> INSURANCE<br>BILLING<br><input type="checkbox"/> COLLECTIONS | <input type="checkbox"/> COMPUTER<br>LIST SOFTWARE<br>PROGRAMS<br>YOU HAVE<br>EXPERIENCE IN:<br>_____<br>_____<br>_____<br>_____ | <input type="checkbox"/> PRE-AUTH<br><input type="checkbox"/> 10-KEY<br><input type="checkbox"/> SUPERVISION<br><input type="checkbox"/> ACCOUNTS<br>PAYABLE<br><input type="checkbox"/> GENERAL<br>LEDGER<br><input type="checkbox"/> CLINICAL<br><input type="checkbox"/> INJECTIONS<br><input type="checkbox"/> VENIPUNCTURE | <input type="checkbox"/> BP'S HTS, WTS<br>OTHER EXPERIENCE<br>_____<br>_____<br>_____<br>_____ |
|--|--|---|--|

# WORK HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

**PLEASE GIVE MONTH AND YEAR**

**DO NOT REFERENCE YOUR RESUME**

|            |    |                    |                 |
|------------|----|--------------------|-----------------|
| FROM       | TO | EMPLOYER           | CITY            |
| PHONE NO.  |    | POSITION           | STARTING SALARY |
| SUPERVISOR |    | REASON FOR LEAVING | ENDING SALARY   |
| DUTIES:    |    |                    |                 |

|            |    |                    |                 |
|------------|----|--------------------|-----------------|
| FROM       | TO | EMPLOYER           | CITY            |
| PHONE NO.  |    | POSITION           | STARTING SALARY |
| SUPERVISOR |    | REASON FOR LEAVING | ENDING SALARY   |
| DUTIES:    |    |                    |                 |

|            |    |                    |                 |
|------------|----|--------------------|-----------------|
| FROM       | TO | EMPLOYER           | CITY            |
| PHONE NO.  |    | POSITION           | STARTING SALARY |
| SUPERVISOR |    | REASON FOR LEAVING | ENDING SALARY   |
| DUTIES:    |    |                    |                 |

|            |    |                    |                 |
|------------|----|--------------------|-----------------|
| FROM       | TO | EMPLOYER           | CITY            |
| PHONE NO.  |    | POSITION           | STARTING SALARY |
| SUPERVISOR |    | REASON FOR LEAVING | ENDING SALARY   |
| DUTIES:    |    |                    |                 |

If you worked in any of your previous positions under another name, please give that name(s) \_\_\_\_\_

Are you presently employed?  yes  no

If yes, may we contact your present employer?  yes  no

Have you ever been fired or asked to resign from a job?  if yes, please explain

| REFERENCES | Name, Address, and Phone No. | Business Name | Years Acquainted |
|------------|------------------------------|---------------|------------------|
|            |                              |               |                  |
|            |                              |               |                  |
|            |                              |               |                  |
|            |                              |               |                  |
|            |                              |               |                  |
|            |                              |               |                  |
|            |                              |               |                  |
|            |                              |               |                  |
|            |                              |               |                  |
|            |                              |               |                  |

Have you ever been convicted of a crime? If yes, please explain.  
(Use the back of this sheet if necessary.)

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Use the space below to describe why you are interested in working for our medical practice, and to list those skills and abilities which you feel particularly qualify you for a position with us.

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**AFFIDAVIT**

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed any false, misleading, or otherwise incorrect statements made on this application form, or during any interviews may be grounds for my immediate discharge.

I hereby authorize the medical practice to contact any company or individual it deems appropriate to investigate my employment history, character, and qualifications; and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation.

I agree that, if I am employed, I will abide by all the rules and regulations of the medical practice. I understand that no one in the medical practice is authorized to enter into any written or oral employment contracts with me for any definite period of time without express written consent.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

|                           |                 |  |
|---------------------------|-----------------|--|
| Interviewed by:           |                 |  |
| Remarks                   |                 |  |
|                           |                 |  |
| References checked, date: |                 | Neatness                                 |
| Position:                 | Salary/Wages:   | Employee record completed ____/____/____ |
| Date Hired:               | Will report to: | Projected Review Date ____/____/____     |
| Approved:                 |                 | ____/____/____                           |