

CONS:

POS:

HR \$
T./H. DH \$

T T/H D/H P/T

AVAIL: IMMED / CURRENTLY WORKING

ANDE NAME:



We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veteran status, sex, national origin, or any other legally protected status.

APPLICATION FOR EMPLOYMENT

Name (Print) _____
(First) (Middle) (Last)

Address _____ (City) _____ (State) _____ (Zip) _____

Home (_____) _____ Emergency Phone Number (_____) _____

Cell Phone (_____) _____ Emergency Name _____

Email Address _____ Social Security No. _____

Do you want to receive text messages from our company? Yes No

Are you over the age of 18? Yes No Benefits Required: Yes No

Position(s) applying for: _____

How soon could you be available to work? _____

Type Transportation to and from work? Car Bus Bike Walk Other _____

Type of employment seeking: Part Time Temporary Temp to Hire Direct Hire

Rate of Pay Preferred: _____ Minimum Rate of Pay \$ _____

Days and hours available?
 (Circle) M T W Th Fr Sa Su Overtime: #Hours: _____

Hours Available: _____

EDUCATION

Type of School	Name and Address of School	Courses Majored In	Check last year completed				Graduate? Give Degree?	
			9	10	11	12	Yes	No
High School							Yes	No
College			1	2	3	4	Yes	No
Vocational School								

BACKGROUND INFORMATION

Do you speak Multiple Languages? Yes No If So, What Language(s)?: _____

How did you hear about us? _____

Have you applied for a job with us before? Yes No If So, When?: _____

Have you ever worked for us before? Yes No If So, Where?: _____

Have you ever been convicted of or pled guilty or "no contest" to a felony? Yes No

If so, state offense, date, court, and place where conviction occurred. _____

NOTE: Conviction of a felony does not automatically disqualify an applicant for employment.

Are you employed now? Yes No If so, is your employer a staffing service? Yes No

Have you worked with another temporary service? Yes No If so, where assigned? _____

Professional License #: _____ State: _____

Certification #: _____ Type: _____

Professional Memberships: _____

WORK RECORD

(Start with most recent or present employer and complete in full)

1	Name and Address of Most Recent Employer		Telephone Number	
	Immediate Supervisor		Hire Date	Starting Rate of Pay
	Job Title & Duties		Ending Date	Ending Rate of Pay
	Reason for Leaving		Ok to contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was this work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary or <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____			

2	Name and Address of Employer		Telephone Number	
	Immediate Supervisor		Hire Date	Starting Rate of Pay
	Job Title & Duties		Ending Date	Ending Rate of Pay
	Reason for Leaving		Ok to contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was this work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary or <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____			

3	Name and Address of Employer		Telephone Number	
	Immediate Supervisor		Hire Date	Starting Rate of Pay
	Job Title & Duties		Ending Date	Ending Rate of Pay
	Reason for Leaving		Ok to contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was this work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary or <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____			

4	Name and Address of Employer		Telephone Number	
	Immediate Supervisor		Hire Date	Starting Rate of Pay
	Job Title & Duties		Ending Date	Ending Rate of Pay
	Reason for Leaving		Ok to contact current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Was this work <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary or <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____			

ACCOUNT FOR YOUR TIME DURING ANY PERIODS OF UNEMPLOYMENT OTHER THAN THOSE WHEN YOU WERE ATTENDING SCHOOL					
FROM		TO		EXPLANATION	NAME AND ADDRESS OF PERSON WHO CAN BE CONTACTED
Month	Year	Month	Year		

PLEASE LIST THREE PROFESSIONAL REFERENCES			
1.	Name	Relationship/Company	Telephone

NAME _____ DATE _____

Please mark all skills in which you have **actual work experience with an X or Check Mark**

Please mark all skills in which you have **School or Training Only with a "T"**

BOOKKEEPING

- Accts Payable
- Accts Receivable
- Deposits
- Full Charge
- General Ledger
- Invoicing
- Multiple Ck. Accts.
- Payroll # of empl_____
- Posting
- Reconciliaton
- Trial Balance
- Month End Reports
- Year End Reports
- State Taxes
- Federal Taxes
- Payroll Taxes
- Manual Bkkpg.
- Computer Bkkpg.

- Reception
- Front Office
- Business Ofc.
- Back Office
- App.t Schedule
- Admitting
- Surgery Sched
- Billing
- Coding
- Credentialing
- Transcription
- Med Records
- EMR
- Medical Mgr.
- Medic
- Check in/out
- Claims/Repeal/Discrepancies
- Medicare
- ECF's
- CPT Coding
- DME
- Rooming
- Writing Scripts

MEDICAL

- Medical Secretary
- Office Manager
- Nursing Home Admin
- Physician
- Pharmacist
- RN
- LPN
- DON
- CMA
- CNA
- Medical Assistant
- Specimen Collect.
- Emergency Tech
- Nuclear Med Tech
- Surgery Tech
- Co-pays
- Medicaid
- ICD - 9
- EOB's
- Paramedic
- Vitals
- Real time Transc.

TYING

- Ultra-Sound Tech
- Phlebotomist
- Physical Therapist
- Phys Therapist Asst
- Labs
- Phlebotomy
- Triage
- EKG
- EEG
- X-Ray
- Ultrasound
- Injections
- Blood draws
- Home Health
- Charting
- Posting payments
- Precert
- PPO/HMO/Indian Health
- ICD - 10
- IV's
- X-Ray Tech
- Taking history

- Accounting
- Billing
- Copy
- Legal
- Letter
- Manuscript
- Medical
- Oil & Gas
- Policy/Claims
- Technical
- Transcription
- Heavy/Light
- Check/Bank Forms
- Insurance
- Statistical
- Manuals
- Policy / Claims
- Other_____

MEDICAL PRACTICE SPECIALTIES

Desktop Publish

- MS Publish
- MS FrontPage
- Adobe InDesign
- Other_____

DATA ENTRY

- Alpha
- Numeric
- #KSPH_____

SECRETARIAL

- Administrative
- Executive
- General
- Medical
- Human Resources
- Industries: _____
- _____
- _____
- _____

CLERICAL

- Fax Machine
- Filing
- Scanner
- Photocopy
- Ten Key
- Touch Sight
- Other: _____
- _____
- _____
- _____

RECEPTION

- Switchboard
- Heavy Light
- #of Lines_____
- #of Ext._____
- Dispatch

COMPUTER SOFTWARE SYRS EXE

- Excel_____
- Lotus_____
- MS Ofc_____
- MS Word_____
- Peachtree_____
- QuickBooks_____
- QuickBooks Pro_____
- Adobe_____
- WordPerfect :Versions _____
- PowerPoint_____
- Access_____
- Adobe_____
- Outlook_____
- Other_____

MISCELLANEOUS

- Bank Teller
- Cashier
- Delivery/Runner
- Credit/Collections
- Call Center
- Sales
- Store Supervisor
- Retail
- Telemarketing
- Technical Support (Help Desk)

STENO

- Shorthand
- Speedwriting
- StenoType
- wpm_____

COMPUTER

- IBM
- Dell
- Mac
- Apple
- HP
- Other_____

Windows : 2007 2010 Vista XP 7 8 10

PROOFING

Compare the company names and numbers; if they are not exactly alike, place a checkmark on the center line.

B & S Novelty & Trimming Co.	_____	B & S Novelty & Trimming, Inc.
Braggiotti & Bragado Co.	_____	Braggioti & Bragado Co.
Tung Young Co.	_____	Tung Young Co.
016425	_____	016325
456	_____	456
de Vere-Lein-Force, Inc.	_____	De Vere-Lein-Force, Inc.
9482	_____	9842
Hurwitch & Hurwich, Inc.	_____	Hurwitch & Hurwitch, Inc.
84257	_____	84527
23567	_____	25367

GRAMMAR

Circle the correct word to complete the following sentences:

1. Please give the dictionary to Sara or (myself) (me).
2. To (who) (whom) do you wish to speak?
3. Benefits for temps (are) (is) based on accumulated hours worked.
4. If she (was) (were) an experienced typist I would hire her.
5. No one (never) (ever) gave me a book.
6. I am going to (lay) (lie) down for an hour

MATH

Please do not use a calculator. Fill in the correct answer.

23 + 19 =	_____	252 divided by 6 =	_____
27 x 6 =	_____	1/3 of 60 =	_____
45 - 22 =	_____	200 - 100 - 101 + 201 =	_____
322 divided by 14 =	_____	50% of 2.5 =	_____
Eighty minus forty-seven =	_____	241 x 106 =	_____
266 + 549 =	_____	45 divided by 5 =	_____

CLERICAL EVALUATION

Place a check mark in front of the words that are spelled incorrectly.

NAME: _____

DATE: _____

___privillige	___aukward	___beginning
___predcesser	___fullfill	___recurrence
___ninteenth	___ommitted	___secratery
___sequence	___disapoint	___comparative
___recolection	___abilities	___miscealaneous
___essential	___procede	___personel
___incidental	___compliance	___courtious
___necessary	___allready	___guarantee
___foreign	___transfered	___disposeable
___verify	___advertise	___bookkeeping

ALPHABETICAL AND NUMERIC ORDER

NUMBER THE ITEMS IN EACH GROUP TO SHOW HOW THEY WOULD BE FILED IN ALPHABETICAL ORDER

OR NUMERICAL ORDER . EXAMPLE: ___2___TINE ___3___62699

 ___3___TYNE ___1___62697

 ___1___TIME ___2___62698

___SMITH ___WEBER ___LOW ___JOHNSON ___HOEPER

___SMYTH ___WEBBER ___LOEW ___JOHNSEN ___HOPPER

___SMOTE ___WEBSTER ___LOWE ___JAHNSON ___HOPER

___25789 ___94216 ___53597 ___44831 ___19678

___25879 ___94276 ___52697 ___44721 ___18682

___25798 ___94017 ___53595 ___45720 ___19761



DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Neese Personnel ("the Company") may obtain information about you from a third-party consumer reporting agency for employment purposes. This information may be obtained in the form of a "consumer report" and/or an "investigative consumer report" (commonly known as a "background report"). These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), credit history*, verification of your education or employment history, drug screening or other background checks. This information may be obtained from private and public record sources, including, as appropriate: government agencies and courthouses and educational institutions. The reports may also include information about your character, general reputation, personal characteristics, mode of living, etc., which can involve personal interviews with individuals or companies that you have listed as a reference, former employer, etc. A more comprehensive background investigation may be required pursuant to state or federal law, contract agreement or for certain sensitive positions (such as those with significant financial responsibilities). (*Please note that credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.)

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report obtained with regard to applicants for employment is an investigation conducted by PeopleFacts, Powered by Trak-1. PeopleFacts/Trak-1 is located and be contacted by mail at 7131 Riverside Parkway, Tulsa, Oklahoma, 74136 and can be contact by phone at (800) 600-8999. Information about PeopleFacts/Trak-1's privacy policy is available at the following link: <https://trak-1.com/privacy-policy/>. The scope of this notice and authorization is all-encompassing and allows the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment or your contract period to the extent permitted by law.

Signature: _____ Date: _____

**APPLICANT: PLEASE COMPLETE ONLY THE APPLICANT
AUTHORIZATION SECTION AT BOTTOM OF FORM**

EMPLOYMENT VERIFICATION

APPLICANT NAME: _____ SSN: _____

NAME OF BUSINESS: _____

CONTACT NAME: _____

CONTACT / BUSINESS: () _____ FAX: () _____

Your name was given as a reference by an applicant at Neese Personnel. It is our goal to place a skilled and qualified candidate with each of our clients. Please help us to obtain our goal by taking a moment to fill out this form & fax it back to us at (405) 942-2840 or e-mail to reception@workwithneese.com Thank You!

Dates of Employment: From _____ To : _____

Position(s) Held : _____

Reason for Leaving : _____

Eligible for Rehire ? Yes _____ No _____

Rating of Job Performance : (Please Circle)

Productivity: Excellent Good Fair Low

Quality : Excellent Good Fair Low

Dependability : Excellent Good Fair Low

Work Ethic : Excellent Good Fair Low

Additional Comments : _____

Person/Previous Employer Providing Reference :

Name : _____ Company : _____

Signature : _____ Date : _____

APPLICANT AUTHORIZATION

I hereby give permission for the release of my employment &/or personal information to Neese Personnel.

Applicants name : _____ SSN : _____

Signature : _____ Date : _____

NP Recruiter : _____

Verified Via : Phone [] Fax : [] BY : _____ Date : _____