

# NORTH FRESNO EMERGENCY PHYSICIANS MEDICAL GROUP

## SCRIBE PROGRAM APPLICATION



DATE:
DATE AVAILABLE:

NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER
ADDRESS	HOME PHONE
	CELL PHONE
CITY, STATE, ZIP	E-MAIL ADDRESS

HAVE YOU EVER APPLIED TO NFEPMG SCRIBE PROGRAM BEFORE?	Yes	No
IF YES, WHEN?		
ARE YOU RELATED TO ANYONE IN OUR EMPLOY?	Yes	No
IF YES, WHOM?		
LIST ANY CURRENT SCRIBES THAT YOU KNOW:		
UPON ACCEPTANCE OF AN OFFER OF EMPLOYMENT, CAN YOU PROVIDE PROOF OF U.S. CITIZENSHIP AND/OR THE LEGAL RIGHT TO WORK IN THE UNITED STATES?	Yes	No
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	Yes	No
IF YES, STATE THE CIRCUMSTANCES, PLACE(S), DATE(S).		
(A "YES" ANSWER IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT. EACH CASE WILL BE JUDGED ON ITS OWN MERIT.)		

Please attach wallet-sized photo of yourself here.	PLEASE INDICATE WHAT SCHEDULE YOU ARE WILLING TO WORK:
	FULL TIME                      PART TIME
	DAY SHIFT                      EVENING SHIFT                      NIGHT SHIFT
	Monday Tuesday Wednesday Thursday Friday Saturday Sunday HOLIDAYS
	IF PART TIME, PLEASE INDICATE HOURS YOU ARE WILLING TO WORK PER WEEK: _____
	NUMBER OF YEARS YOU ARE ABLE TO COMMIT: _____

**EMPLOYMENT RECORD (PAST 5 YEARS):**

<b>FROM</b> MM/YY	<b>TO</b> MM/YY	<b>COMPANY</b>	<b>TELEPHONE NUMBER</b>	
<b>FINAL OR CURRENT SALARY</b>	<b>ADDRESS</b>		<b>CITY</b>	<b>STATE ZIP</b>
	<b>SUPERVISOR'S NAME</b>		<b>SUPERVISOR'S TITLE:</b>	<b>MAY WE CONTACT?</b>
<b>REASON FOR LEAVING</b>				
<b>POSITION, DUTIES, AND SPECIALTY AREAS</b>				

<b>FROM</b> MM/YY	<b>TO</b> MM/YY	<b>COMPANY</b>	<b>TELEPHONE NUMBER</b>	
<b>FINAL OR CURRENT SALARY</b>	<b>ADDRESS</b>		<b>CITY</b>	<b>STATE ZIP</b>
	<b>SUPERVISOR'S NAME</b>		<b>SUPERVISOR'S TITLE:</b>	<b>MAY WE CONTACT?</b>
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<b>FROM</b> MM/YY	<b>TO</b> MM/YY	<b>COMPANY</b>	<b>TELEPHONE NUMBER</b>	
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<b>REASON FOR LEAVING</b>				
<b>POSITION, DUTIES, AND SPECIALTY AREAS</b>				

<b>FROM</b> MM/YY	<b>TO</b> MM/YY	<b>COMPANY</b>	<b>TELEPHONE NUMBER</b>	
<b>FINAL OR CURRENT SALARY</b>	<b>ADDRESS</b>		<b>CITY</b>	<b>STATE ZIP</b>
	<b>SUPERVISOR'S NAME</b>		<b>SUPERVISOR'S TITLE:</b>	<b>MAY WE CONTACT?</b>
<b>REASON FOR LEAVING</b>				
<b>POSITION, DUTIES, AND SPECIALTY AREAS</b>				

**Education:**

HIGH SCHOOL		LOCATION			GPA		
HIGHEST GRADE COMPLETED HIGH SCHOOL	COLLEGE GPA	POST GRADUATE GPA	MAJOR	# OF YEARS COMPLETED	DEGREES OBTAINED	DATE LEFT OR GRADUATED	
JUNIOR COLLEGE		LOCATION					MM/YY
COLLEGE OR UNIVERSITY		LOCATION					MM/YY
OTHER EDUCATION OR SPECIAL TRAINING (INCLUDING MILITARY)		LOCATION					MM/YY
POST GRADUATE OR TECHNICAL COURSES		LOCATION					MM/YY

**PROFESSIONAL AFFILIATIONS, SPECIAL QUALIFICATIONS OR ACHIEVEMENTS:**

I understand that any misrepresentation, falsification or material omission of information may result in my failure to receive an offer or, if I have been hired, in my dismissal from employment with NFEPMG. In consideration of my employment I agree to observe all rules, regulations, policies and procedures as they relate to NFEPMG's employees at all times. I agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the medical group. In addition, I understand that my employment with NFEPMG is contingent upon satisfactory completion of all preemployment requirements, including interviews(s) and verifications.

I authorize organizations and persons named above to give information about me and I hereby release them from all liability.

I understand that although I may be employed for a particular position and shift it may be necessary to accept different assignments, work schedules, or working hours.

My signature also attests that I am not now, nor have I been excluded from participation in a Medicare or state healthcare program for activities including, but not limited to patient abuse, fraud, unlawful manufacture or distribution of controlled substances, or professional license revocation or suspension for reasons bearing on professional competence, performance, or financial integrity. If hired, failure to deluge the above will cause immediate termination.

Print Name: \_\_\_\_\_

Date: MM/DD/YYYY

Sign Name: \_\_\_\_\_

Briefly, please describe what will make you a good scribe.

Empty response area for the applicant to describe what will make them a good scribe.