



Employment Application Medical Assistant

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Hourly Rate: \$ _____

Which job type are you applying for?	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Either <input type="checkbox"/>	
Are you at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever worked for MedWise, LLC?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		If yes, when? _____
Have you ever worked for QuikTrip?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		If yes, when? _____
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		If yes, when? _____
If yes, explain: _____				

Education

High School: _____	Graduation Date: _____	Degree: _____
College: _____	Graduation Date: _____	Degree: _____
College: _____	Graduation Date: _____	Degree: _____
Other: _____	Graduation Date: _____	Degree: _____

Certifications/Licensures

<i>Check if current.</i>	<i>Check if unencumbered and active in the state the position is being applied for.</i>	
BLS <input type="checkbox"/>	Medical Assistant Graduate <input type="checkbox"/>	Graduation date: _____
ACLS <input type="checkbox"/>	Radiology Tech Graduate <input type="checkbox"/>	Graduation date: _____
PALS <input type="checkbox"/>	Certified Medical Assistant <input type="checkbox"/>	Expiration date: _____
Other: <input type="checkbox"/>	Certified Nurse Assistant <input type="checkbox"/>	Expiration date: _____
Other: <input type="checkbox"/>	Nursing School Student <input type="checkbox"/>	# of Completed Semesters: _____
Other: <input type="checkbox"/>	Other: <input type="checkbox"/>	Expiration date: _____

Professional References

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

Full Name: _____ Relationship: _____	
Company: _____	Phone: _____
Address: _____	

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Employment History

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Ending Salary: _____
Start Date: _____ End Date: _____ May we contact your supervisor as a reference? YES NO
Reason for Leaving: _____
Responsibilities: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Ending Salary: _____
Start Date: _____ End Date: _____ May we contact your supervisor as a reference? YES NO
Reason for Leaving: _____
Responsibilities: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Ending Salary: _____
Start Date: _____ End Date: _____ May we contact your supervisor as a reference? YES NO
Reason for Leaving: _____
Responsibilities: _____

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

How Did You Learn About MedWise Urgent Care?

Please select all the boxes that apply:

- | | |
|--|---|
| <input type="checkbox"/> Job Fair | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> DECA/Work Study | <input type="checkbox"/> Instagram |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Indeed | <input type="checkbox"/> QuikTrip Employee (enter employee's name): _____ |
| <input type="checkbox"/> Billboard | <input type="checkbox"/> MedWise Employee (enter employee's name): _____ |
| <input type="checkbox"/> MedWise Urgent Care Signage | <input type="checkbox"/> Job Recruitment Fair |

Dear Applicant,

Please email your application and curriculum vitae to: jobs@medwiseuc.com. You will receive a confirmation email indicating that your application and curriculum vitae have been received.

If selected for an interview, you will receive an email from MedWise, LLC.

Thank you for your interest in MedWise, LLC.