

Date of application \_\_\_\_\_

**Personal Information:**

Name (First, M, Last) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Are you over the age of 18 years (Y/N)? \_\_\_\_\_

**Work Availability:**

Available start date \_\_\_\_\_

How many hours per week can you work (a shift is typically 8 hours)?

10-15 hours/week    15-20hours/week    Other \_\_\_\_\_

Please indicate your long term availability and interest to work with MedScribes:

Less than 1 year    1 - 1.5 years    1.5 - 2 years    Other \_\_\_\_\_

What days of the week are you available? Next to each day please list hours of availability between 7am – midnight for each day you are available.

Day of Week	Available (Yes/No)	Hours of the day Available between 7am-midnight
e.g. Monday	Yes	7am – 12pm, 3pm - midnight
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Do you have a valid driver's license (Yes/No)? \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Do you have reliable transportation and are you able to drive to client sites within the Triangle Area if needed (Yes/No)? \_\_\_\_\_

If needed, are you able to travel from your home (circle all that apply):

15-20 Minutes      30-45 Minutes      45-60 Minutes      65+ Minutes

How many words per minute can you type? \_\_\_\_\_

How comfortable are you with medical terminology (Circle your comfort level)?

- I am not familiar with medical terminology
- I have basic familiarity with medical terminology
- I am proficient with medical terminology

Are you comfortable standing for long periods of time during a shift (Yes/No)? \_\_\_\_\_

**Employment History (Most recent first please):**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your prior supervisor for a reference (Yes/No)? \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your prior supervisor for a reference (Yes/No)? \_\_\_\_\_

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Salary \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact your prior supervisor for a reference (Yes/No)? \_\_\_\_\_

**Education:**

University \_\_\_\_\_ State \_\_\_\_\_

Years Attended \_\_\_\_\_ Degree \_\_\_\_\_

University \_\_\_\_\_ State \_\_\_\_\_

Years Attended \_\_\_\_\_ Degree \_\_\_\_\_

High School Name \_\_\_\_\_ State \_\_\_\_\_

Years attended \_\_\_\_\_ Degree \_\_\_\_\_

**Legal:**

Have you ever been convicted or plead guilty to a felony (Yes/No)? \_\_\_\_\_

If yes, please provide a brief explanation below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you agreeable to the following, if needed:**

Typing and terminology assessment (Yes/No)? \_\_\_\_\_

Classroom training over a 4-week period (Yes/No)? \_\_\_\_\_

Comply with client specific orientation and training (Yes/No)? \_\_\_\_\_

Provide proof of eligibility to work legally in the United States (Yes/No)? \_\_\_\_\_

Would you be willing to participate in a drug test (Yes/No)? \_\_\_\_\_

Complete required immunizations (Yes/No)? \_\_\_\_\_

Authorize a background check (Yes/No)? \_\_\_\_\_

Complete HIPAA compliance training (Yes/No)? \_\_\_\_\_

***Please include the following documents with your application submission:***

1. An updated resume
2. A writing sample of a meaningful experience in a clinical setting (one page)
3. College transcript – prefer at least one course in anatomy or clinical biology
4. Two letters of recommendation

Please sign below, to attest that the information shared in your application is complete and accurate to the best of your knowledge.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Thank you for your interest in MedScribes. A member of our team will follow up with you regarding your application soon. In the meantime, if you have any questions regarding your application, please email [hetal@medscribes.co](mailto:hetal@medscribes.co).

Name:

**Select Hours Per Week**

Available to Work:                    10-15 hrs/wk                    15-20 hrs/wk                    > 20hrs/wk

Place an "x" the days you are available at any of the following times. Select all that apply.

Note that this does not include travel time

	<b>Examples of a Possible Shift Schedule</b>					
<b>Day of Week</b>	<b>8am-5pm</b>	<b>11a-9p</b>	<b>1p-11p</b>	<b>10a-8p</b>	<b>8am-1p</b>	<b>1:30p-7p</b>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						