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|  | InScribe Documentation Services LLC. |

# Employment Application

## Applicant Information

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| --- | --- | --- | --- | --- |
| Full Name: |  |  |  | : |
|  | Last | First | M.I. |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

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| --- | --- | --- | --- |
| Phone: |  | Email |  |

**Which Site(s) are you applying for? (Select all that apply)**

|  |  |  |
| --- | --- | --- |
| **Emergency Departments:**  St. Joseph Mercy of Oakland – Pontiac MI \_\_\_\_\_  St. John Providence – Southfield, MI \_\_\_\_\_  St. John Providence Park – Novi, MI \_\_\_\_\_  Henry Ford Allegiance Health – Jackson, MI \_\_\_\_\_  **Heart Cardiology Consultants (Office based clinics)**  St. John Providence – Southfield \_\_\_\_\_\_  St. John Providence Park – Novi \_\_\_\_\_\_  **Associates in Neurology (Office based clinics)**  St. John Providence – Southfield \_\_\_\_\_\_  St. John Providence Park – Novi \_\_\_\_\_\_\_  Farmington Hills Office \_\_\_\_\_\_\_  27555 Middlebelt Rd, Farmington Hills, MI 48334 |  | Michigan Institute of Urology (Office based clinics):  \_\_\_\_\_\_MIU: Lakes Professional Building  2300 Haggerty Road, West Bloomfield, MI 48323  \_\_\_\_\_\_MIU: Sinai Guild Medical Office Building  1 William Carls Drive, Commerce, MI 48382  \_\_\_\_\_\_MIU: Clarkston Medical Building  5701 Bow Point Drive, Clarkston, MI 48346  \_\_\_\_\_\_MIU: Lexus Professional Building  44200 Woodward Avenue, Pontiac, MI 48341  \_\_\_\_\_\_MIU: Town Center Building  130 Town Center Drive, Troy, MI 48084  \_\_\_\_\_\_MIU: Shores Professional Building  20952 12 Mile Road, St. Clair Shores, MI 48081  \_\_\_\_\_\_MIU: Washington Center Building  11051 Hall Road, Utica, MI 48317 |

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Available to start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Typing Speed (words per minute) \_\_\_\_\_\_\_\_\_\_wpm

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| --- | --- |
| How did you hear about us?: |  |

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| Can you furnish proof that you have the right to employment in the U.S.? | YES | NO |  |  |  |

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| --- | --- | --- | --- | --- |
| Have you ever applied for a position with ISDS? | YES | NO | If yes, when and what was the outcome? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Have you ever been convicted of a felony? | YES | NO |  |

|  |  |
| --- | --- |
| If yes, explain: |  |

## Education

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| --- | --- | --- | --- |
| High School: |  | Address: |  |

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| From: |  | To: |  | Did you graduate? | YES | NO | Diploma:: |  |

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| --- | --- | --- | --- |
| College: |  | Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

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| --- | --- | --- | --- |
| Other: |  | Address: |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Did you graduate? | YES | NO | Degree: |  |

## References

Please list three professional references.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: | |  | | |
|  |  | |  |  |
| Full Name: |  | | Relationship: |  |
| Company: |  | | Phone: |  |
| Address: |  | | | |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

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| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: |  | Ending Salary: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

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| May we contact your previous supervisor for a reference? | YES | NO |  |
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| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

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| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: |  | Ending Salary: |  |

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| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

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| --- | --- | --- | --- |
| May we contact your previous supervisor for a reference? | YES | NO |  |
|  |  |  |  |
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| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Address: |  | Supervisor: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title: |  | Starting Salary: |  | Ending Salary: |  |

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| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

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| May we contact your previous supervisor for a reference? | YES | NO |  |
| Shift Preference Which type of shift do you prefer (check all that apply)  “Full time” (3 shifts per week each lasting 8,9 or 10 hours) \_\_\_  “Part time” (minimum of 2 shifts per week) \_\_\_ \_\_\_  Night time (Anytime between 6pm – 7am) \_\_\_\_ \_\_\_  Day time (Anytime between 7am – 6pm) \_\_\_ Future Plans Describe your educational/professional path over the next 1-2 years: | | | | |

## 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: |  |

**Please submit application via: E-mail (preferred):** [**dzirnstein@iep-pc.com**](mailto:dzirnstein@iep-pc.com) **or Fax: 248-893-6952**