



MEDICAL SOCIETY STAFFING

A DIVISION OF THE MEDICAL SOCIETY OF METROPOLITAN PORTLAND

Professional Staffing Services for the Medical Community

Candidate Application

Medical Society Staffing, Inc.

A division of Medical Society Services, Inc.

A subsidiary of the Medical Society of Metropolitan Portland

4380 SW Macadam Avenue, Suite 215

Portland, OR 97239

Main: 503/227-2737 | Fax: 503/222-3164

Website: www.pdxstaffing.com



A FEW THINGS TO REMEMBER!

√ **Please come professionally dressed for a second interview.**

Many times we are able to refer a candidate to a client (clinic) immediately following the initial interview – and a positive first impression can make a difference.

√ **Please bring an updated resume, reference letters, or reference list.**

(e.g. names, addresses, telephone and fax numbers)

Please bring a resume even if you have emailed or faxed a resume ahead of time.

We do update resumes at your request (and no charge of course) **provided** we have a position that matches your experience and skills.

√ **Please bring a copy of your college diploma, or certificate of completion if you are a graduate of a health-related program.**

A copy of your extern evaluation is very useful to potential employers and may be used as a reference. If you do not have a copy of your extern evaluation, diploma or certificate of completion, please contact your school and request a copy be faxed to us at 503/222-3164

√ **You must be able to pass a criminal backgrounds and a drug screen processed through Medical Society Staffing.**

As part of our service offer to our clients, MSS does a criminal background on all candidates who are offered either a direct hire, temp to hire or temporary positions. A drug screen is administered if a candidate is hired as a temporary or temp to hire employee.

√ **Please take one more look at the application and make sure it is complete.**

Please complete all portions of the application including the attachment Reference Release Form. If you need additional Reference Release Forms, please make copies. We verify up to seven years of employment. The more complete the application, the faster we can schedule interviews.

MEDICAL SOCIETY STAFFING, INC.
4380 SW Macadam, Suite 215 | Portland, OR. 97239
Main: 503 227-2737 | Fax: 503 222-3164

Date:_____ Regular Temporary Temp to Hire Part-Time Hrs: _____ Full Time Hrs: _____

What position do you seek? _____

Name: _____
First Middle Last

Other names by which you are known _____ Yr changed: _____

Address: _____ City: _____ State _____ Zip _____

Telephone Nbrs: Home: _____ Cell: _____ Office: _____

E-mail: _____ Fax No: _____

Emergency Contact Person: _____ Phone: _____

When Can You Begin Work? _____

Do you anticipate any absences that might effect your employment position? Yes, if yes, provide dates and please explain: _____

What is the minimum wage/salary you will accept: Regular:\$ _____ Temporary:\$ _____

Have you registered with our service before? Yes, if yes, when? _____

Have we ever placed you? Yes, when/where: _____

Do you speak a foreign language? Yes, Language(s): _____

How did you learn about us:

- Newspaper
- Internet/Who: Indeed Jobdango Craigslist OregonLive Other? _____
- Referral, Name? _____
- Professional Organization/Who? _____

Please indicate the locations where you are willing to work:

- | | |
|---|--|
| <input type="checkbox"/> Downtown Portland | <input type="checkbox"/> Far SW (e.g. Tigard, Tualatin, Wilsonville, etc..) |
| <input type="checkbox"/> Northwest Portland | <input type="checkbox"/> Beaverton <input type="checkbox"/> Aloha <input type="checkbox"/> Hillsboro <input type="checkbox"/> Forest Grove |
| <input type="checkbox"/> Northeast Portland | <input type="checkbox"/> Southeast Portland |
| <input type="checkbox"/> North Portland | <input type="checkbox"/> Gresham <input type="checkbox"/> Troutdale <input type="checkbox"/> Sandy |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Vancouver |
| <input type="checkbox"/> OHSU (<i>parking may not be available</i>) | |

Note: *Medical Assistants **must** have a CMA (AAMA) credential awarded by AAMA.*

MEDICAL SOCIETY STAFFING: 503/227-2737

Candidate Name: _____ Date: _____

Please check all skills that apply and you have used within the last five (5) years.

In what medical specialties you have worked: _____

COMPUTER/KEYBOARD SKILLS

Data Entry Transcription: WPM _____ Ten-key by Touch: KPM _____

Word Processing Software (list): _____

COMPUTER SOFTWARE

Medical Manager GE Centricity Logician PIMS Epic or EpicCare
 Medic (Mysis) Medisoft Lytec Soapware E-Clinical Works
 QuickBooks Quicken Peachtree Athena MAS 90 Acctg Software

Other: _____

BILLING/CODING SKILLS

Data Entry Post Payments Post Charges Prepare Bank Deposits
 CPT Coding ICD Coding ICD 10 Coding E&M Codes
 Verification Codes Insurance Billing Insurance Follow-up Patient Collections
 Explanation of Benefits HMO/PPO OHP Workers Comp
 Electronic Billing Medicare Medicaid Payment Counseling

Other: _____

BOOKKEEPING AND MANAGEMENT SKILLS

Accounts Receivable Accounts Payable Payroll Payroll Taxes
 General Ledger Audit Accounts Spreadsheets Cashier
 Balance Day Sheets Monthly Financial Reports Budgeting Contracting
 Credentialing Develop Policies/Procedures Daily Operations Hire/Fire

Personnel Mgmt: No of Staff _____

Other: _____

RECEPTION/GENERAL OFFICE SKILLS

Answer Telephones Schedule Appointments Schedule Procedures/Tests
 Schedule Hospital Surgeries Computerized Scheduling Manual Scheduling
 Greet Patients Register Patients Check Patients In/Out
 Collect Co-Payments Verify Insurance Coverage Switchboard: No of Lines: _____
 Data Entry Prior Authorizations Referrals
 Prepare Fee Slips Pull/File Charts Chart Preparation
 Order Office Supplies Electronic Medical Records

CLINICAL (BACK OFFICE) SKILLS

Vital Signs Obtain History Height/Weight/BP Chart Documentation
 Triage/Screen Patient Calls Handle RX Calls Treadmill Stress Test EKG
 Holter Monitor Hook-up Patient Education Phlebotomy Adult Children
 Injections Immunizations Adult Pediatric Immunizations IV Start IV Therapy
 Wound Care Suture Removal Dressing Changes Assist with Procedures Surgeries
 Clean Instruments (Autoclave) Laboratory Testing X-ray AART Limited Permit
 Testing: Spirometries Urinalysis Strep Tests Pregnancy Tests Sterile Set-up

GENERAL INFORMATION

EDUCATIONAL BACKGROUND

Did you graduate from high school? Yes

If not, do you have your GED? Yes

College Attended: _____ Years Complete: 1 2 3 4

College Graduate: Yes, Year Completed: _____ Degree: _____

Other schools or training programs:

School Name: _____ Areas of Study: _____ Date: _____

School Name: _____ Areas of Study: _____ Date: _____

School Name: _____ Areas of Study: _____ Date: _____

LICENSE, CERTIFICATE, OR PERMITS

If your profession requires a license issued by the State or is certified by a nationally recognized organization, please indicate:

License Type (e.g. RN, PA, etc.): _____ License No: _____ Exp Date: _____

Certification Type (e.g. CMA (AAMA): _____ Number: _____ Exp Date: _____

If not certified, date scheduled for exam: _____

Current Certifications/Permits: Current CPR Yes Exp Date: _____ (copy required)

Limited X-ray Permit Yes Exp Date: _____

Current Hep B Yes Dates: _____

Current Flu Yes Date: _____

Current TB Yes Date: _____

Documentation/Copies May be Required

Immunizations (optional):

MMR Yes Date: _____

TDAP Yes Date: _____

Varicella Yes Date: _____

If your profession requires a license (e.g., RN, PA, NP, etc...) has your license been encumbered by any licensing body in any state? Yes, please explain: _____

BACKGROUND CHECK AND OTHER INFORMATIONAL QUESTIONS

Medical Society Staffing uses an external agency to investigate and report any criminal history. For the purpose of this investigation, a “crime” includes a misdemeanor, felony, or military offense. Please answer the following question.

WARNING: *Providing an untruthful answer to any question is grounds for disqualification of your application or, if you have been hired, termination of your employment.*

1. **Have you ever been convicted of a crime (misdemeanor and or felony)?** Yes , If you responded YES to this question, please explain below:

2. Are you currently using illegal drugs (*including prescription drugs you are not authorized to use?*).

YES NO

PLEASE NOTE: Medical Society Staffing, Inc. performs drug testing on its temporary employees. Many employers who hire directly will perform drug screening during the pre-employment process.

3. Have you been terminated from a prior employer or resigned due to a likely discharge?
YES NO

If yes, explain the circumstances:

4. Have you ever stolen or diverted drugs or equipment from your workplace? YES NO

If yes, explain the circumstances:

5. Have you ever violated workplace rules or licensing regulations governing prescribing medication?
YES NO

A REVIEW OF WORK HISTORY AND REFERENCES

The following information is critical to employers. Your answers will help us evaluate your previous work experience and will provide us with the information necessary to verify work history and performance. Please list all paid work history starting with the most current job first. Complete all sections (provided, of course, you have had four different positions). If there are gaps in employment, (e.g. home, on leave, a two-year surfing expedition in Australia, etc...), please make note of the reason.

Name of Employer: _____

Employer Address: _____ City/State/Zip: _____

Dates of Employment: _____ to _____ Ending Wage/Salary:\$ _____

Job Title/Duties: _____

Reason for Leaving: _____

Name Supervisor: _____

General No: _____ Direct Line: _____ Fax No: _____

Name of Employer: _____

Employer Address: _____ City/State/Zip: _____

Dates of Employment: _____ to _____ Ending Wage/Salary:\$ _____

Job Title/Duties: _____

Reason for Leaving: _____

Name Supervisor: _____

General No: _____ Direct Line: _____ Fax No: _____

Name of Employer: _____

Employer Address: _____ City/State/Zip: _____

Dates of Employment: _____ to _____ Ending Wage/Salary:\$ _____

Job Title/Duties: _____

Reason for Leaving: _____

Name Supervisor: _____

General No: _____ Direct Line: _____ Fax No: _____

EMPLOYMENT HISTORY CONTINUED

Name of Employer: _____

Employer Address: _____ City/State/Zip: _____

Dates of Employment: _____ to _____ Ending Wage/Salary:\$ _____

Job Title/Duties: _____

Reason for Leaving: _____

Name Supervisor: _____

General No: _____ Direct Line: _____ Fax No: _____

Name of Employer: _____

Employer Address: _____ City/State/Zip: _____

Dates of Employment: _____ to _____ Ending Wage/Salary:\$ _____

Job Title/Duties: _____

Reason for Leaving: _____

Name Supervisor: _____

General No: _____ Direct Line: _____ Fax No: _____

Name of Employer: _____

Employer Address: _____ City/State/Zip: _____

Dates of Employment: _____ to _____ Ending Wage/Salary:\$ _____

Job Title/Duties: _____

Reason for Leaving: _____

Name Supervisor: _____

General No: _____ Direct Line: _____ Fax No: _____

“There is only one more step – we appreciate your perseverance.”

UNDERSTANDING, AGREEMENT, AND SIGNATURE

Your signature indicates that you understand and agree to the following:

1. Medical Society Services, (DBA Medical Society Staffing), is authorized to assist me in securing employment for employer paid positions. I understand that I am under no financial obligation to Medical Society Staffing, nor will there be a responsibility on my part to the employer for any service charge.
2. I authorize Medical Society Staffing to contact employers and others to obtain additional information about me or to verify certain facts, including:
 - Employment References
 - Education including License and/or certification status
 - Criminal Background and Drug Screen
3. I understand that any references provided by previous employers, supervisors, or personal reference received by Medical Society Staffing shall be confidential and will not be shared with the candidate. I understand and authorize the sharing of such information with a potential employer or Medical Society Staffing Client.
4. I consent to any discussions regarding the foregoing, and voluntarily and knowingly waive all rights to bring any action for defamation, invasion of privacy, or similar cause of action against anyone providing or requesting information to Medical Society Staffing, its clients, its representatives, officers, and employees.
5. Candidates, who have interviewed with Medical Society Staffing Clients, will direct communication regarding a job opening or job offer to Medical Society Staffing. All job offers are contingent on a complete pre-screening process that includes, but not limited to, reference checks, drug screen (*temporary and temp to hire*) and a background check. References, background and drug screen checks must satisfactory and or clear to be considered for placement or employment. Upon placement or conversion in temp to hire, Medical Society Staffing may convey the results of pertinent information to the potential employer and or Client. Pertinent information includes, but not limited to, certifications; licensures; immunization information; and education. If information does not meet the Client requirements, the Client may direct Medical Society Staffing to withdraw an offer of employment.
6. In the event that the candidate accepts employment as a Temporary Employee of Medical Society Staffing, the *term of employment* shall commence from the first day of an assignment and end on the date the assignment is terminated by either the client or Medical Society Staffing. Medical Society Staffing or the employee may terminate employment at any time, with or without advance notice, and for any reason.
7. If candidate accepts employment as a Temporary Employee of Medical Society Staffing, candidate understands that he/she will abide by the Temporary Employee Handbook, HIPAA, OSHA and all rules and regulations.
8. I understand Medical Society Staffing offers no guarantee of employment. Medical Society Staffing reserves the exclusive right, and within its sole discretion, to determine what level of service, if any, will be provided to the candidate for either Direct or Temporary employment.
9. **Certification and Signature:** I certify that the information contained in this application is correct to the best of my knowledge. I further understand that any oral or written statement that is false, fraudulent, or intentionally misleading or made in the course of any related employment process, whether made by me or by others at my request, may result in rejection of my application, denial of employment, or dismissal if discovered after employment.
10. I further understand that if hired, my employment and compensation can be terminated, with or without cause, and with or without advanced notice at any time, at the option of either Medical Society Staffing or myself. I further understand that no recruiter or other representative of Medical Society Staffing has the authority to enter into an agreement on behalf of the Client nor can Medical Society Staffing guarantee employment for any specified period of time.

Candidate Signature: _____ Date: _____

Print Name: _____