

SKILLS

TYPING

- Electric, WPM
- Memory Typewriter
- Dictaphone
- Word Processor
- Medical Transcription
- Fax Machine

OFFICE SKILLS

- Filing
- Order Supplies
- Shorthand
- Computer
Type of System _____

- E-mail
- Postage Meter

BOOKKEEPING

- Full Charge
- Payroll
- Pegboard
- Bank Deposits
- Acct's Payable
- Acct's Receivable
- Tax Reports
- _____

INSURANCE FORMS

- Medical
- Workmen's Comp.
- Medicaid
- Medicare
- CPT coding
- ICD coding
- Pre-Certification calls
- Other _____

TECHNICAL

- Injections
 - Draw Blood
 - Fingerstick Blood Tests
 - EKG
 - X-ray
 - CPR
 - Vital Signs
 - Patient Histories
 - Apply slings and splints
- Sterile Technique
 - Surgical Assisting
 - Ace Bandaging
 - Teach Crutch Walking
 - Assist with Casting
 - Cardiac Monitors
 - Starting I.V.s
 - Other _____

LABORATORY

- WBC
 - RBC
 - Differential
 - Urinalysis
 - Hemoglobin
 - Other _____
- Throat Cultures
 - Wound Cultures
 - Collection of Biopsies for Lab (handling tissue samples and slides)
 - Microscopic lab work
 - OSHA Training for handling bloodborne pathogens
 - Other OSHA Training

REFERENCES

Name at least two people not related to you who know you through school, business or personal association. Do not list former employers.

Name	Address	Occupation	Phone Number	Years Known
1.				
2.				

Employment Applicant's Statement

I understand that the Lake County Medical Society is a not-for-profit professional association that provides this medical personnel placement service for its physician members at no fee to applicants. I understand that all hiring and employment decisions are the responsibility of the Society Member(s) to whom this application is referred. I agree that copies of this application may be sent to prospective employers or their agents and that Lake County Medical Society does not control and cannot prevent further referral of this application to other entities. I also understand that the Society cannot place every applicant and is under no obligation of any kind by accepting this application.

I verify that the facts in this application are accurate and complete to the best of my knowledge. I understand and agree that misrepresentation or omission of material facts in my application is justification for refusal of employment or termination. I authorize the persons, schools, current employer (if approved by me), and other organizations or employers named in this application to provide the holder of this application with all information concerning my previous employment and any other pertinent information they may have, personal or otherwise.

I understand that employees who do not have a written individual employment contract for a specific, fixed period of time are employed at-will and that, in the absence of such a contract, both the employer and the employee have the right to terminate the employment relationship at any time without prior notice.

Signature _____ Date _____