

Landers Medical Claim & Billing Service

APPLICATION FOR EMPLOYMENT

Medical Coder Medical Biller
Medical Claim Technical Positions

Each applicant will be given employment consideration based on individual merit, without regard to the individual's race, color, religion, sex, national origin, the presence of a non-job related medical condition or handicap, or other categories governed by applicable law. We are an equal opportunity employer.

Form Number _____

PERSONAL INFORMATION

Name _____ LAST _____ FIRST _____ MIDDLE _____ Soc. Sec. Number _____
 Current Address _____ CITY _____ STATE _____ ZIP _____
 Former Address _____ CITY _____ STATE _____ ZIP _____
 Home Telephone () _____ Referred by _____
 Other Telephone () _____ Are You at Least 18 Years of Age? _____

FOR OUR REFERENCE

Position Desired _____ Annual Salary Desired _____ Date Available _____
 Ever Work Here Before? _____ Ever Apply Here Before? _____ Related to Anyone Here? _____
 Are You Employed Now? _____ Will Present Employer Give A Reference Now? _____

In Case of Emergency Contact _____ NAME _____ RELATIONSHIP _____ TELEPHONE _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHYSICAL DATA

Do You Have Any Physical or Mental Limitations Which Would Restrict Your Job Performance? _____

If Yes, Explain _____

Are You Willing To Take a Pre-Employment Physical Examination? _____

Are You Willing To Take a Pre-Employment Substance Abuse Test? _____

EMPLOYMENT HISTORY

(LIST YOUR LAST 3 EMPLOYERS, BEGINNING WITH THE CURRENT OR MOST RECENT ONE FIRST.)

DATES OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	SALARY BEG./END.	POSITION	REASON FOR LEAVING
FROM _____ TO _____				
FROM _____ TO _____				
FROM _____ TO _____				