

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 _____

Today's Date _____

PERSONAL INFORMATION

Name _____ Soc. Sec. Number _____
LAST FIRST MIDDLE

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 Annual Salary Date
Desired _____ Desired _____ Available _____

Ever Work Ever Apply Related to
Here Before? _____ Here Before? _____ Anyone Here? _____

Are You Will Present Employer
Employed Now? _____ 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				