

EMPLOYMENT APPLICATION

EMSOC/ScribeMD provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Applicant Information

First Name: _____ **Last Name:** _____

Address: _____
Street Address

City/State/Zip

Phone: _____ **Email:** _____

Education

If you are currently enrolled in classes, please be sure to include your current school schedule in the scheduling section below

High School: _____ **GPA:** _____

College/Degree: _____ **GPA:** _____

College/Degree: _____ **GPA:** _____

Graduate School/Study of Focus: _____ **GPA:** _____

References

Please list three professional references – do not include relatives.

1) Full Name: _____	Phone: _____
Occupation/Relationship: _____	Years Known: _____
2) Full Name: _____	Phone: _____
Occupation/Relationship: _____	Years Known: _____
3) Full Name: _____	Phone: _____
Occupation/Relationship: _____	Years Known: _____

Previous Employment

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

May we contact your employer for a reference? **YES** **NO**

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your employer for a reference?

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 YES NO
 May we contact your employer for a reference?

Scheduling

When would you be available to start working?

How many years are you interested in working for ScribeMD (minimum 1 year preferred)?

Please specify your availability to work (days/times).
Fully available with no restrictions
Monday Fully available Hours: _____
Tuesday Fully available Hours: _____
Wednesday Fully available Hours: _____
Thursday Fully available Hours: _____
Friday Fully available Hours: _____
Saturday Fully available Hours: _____
Sunday Fully available Hours: _____

Any additional availability details:

How many shifts per week would you prefer to be scheduled for? **shifts range from 7-10 hours*

Do you anticipate any vacations, mission trips, study abroad programs, etc lasting greater than 4 days within the next year? If yes, please explain including the anticipated dates you are planning to be away.

Are you willing to work weekends? YES NO

 Are you willing to work overnights shifts? YES NO

 Are you willing to work holidays? YES NO

Questions

How did you hear about our program?

Have you applied for a position with ScribeMD in the past? If so, when?

Have you been employed as a scribe with any other scribe program or have you completed a scribe certification or training program? If so, please explain.

We currently employ scribes for the following departments. Please indicate all departments you are interested in being considered for.

- St. Joseph Emergency Department
- CHOC Children's Emergency Department
- CHOC Cardiology
- CHOC Endocrinology/Diabetes
- CHOC Neurology
- Orange County Thoracic and Cardiovascular Surgeons

Do you plan on pursuing a career within the medical/healthcare field? Please explain.

Please describe your past medical experiences, including both volunteer and paid experience.

Are you familiar with medical terminology? Please explain.

What is your typing speed?

Please list any medical/healthcare related courses or special training you have completed.

Are you EMT certified? YES NO

What is your primary language? _____

Do you speak or understand Spanish and if so, what is your fluency? _____

List out any other foreign languages you speak or understand. _____

Please explain why you want to be a Scribe?

What are your most valued qualities and why?

Give an example of a stressful situation you have been in and how you dealt with it.

***When submitting your application via email to scribemd@emsoc.net, please also attach your current resume/CV to the email.*

I certify that my answers within this employment application 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: _____