



Med-X

Staffing Services

Med-X Staffing Services, LLC

Candidate Application

Med-X Staffing Services, LLC

931 SW King Avenue | Portland, 97205

Main: (503) 922-1393 | Fax: 503 345-6696

Email: paula@trustmedx.com

Website: www.scribe-x.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 – a positive first impression can make a difference.

- ✓ **Please bring a current resume, reference letters and reference list.**

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

Please bring a current resume even if you have emailed or faxed your resume ahead of time. We do update resumes at your request (at no cost) 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 503 345-6696.

- ✓ **You must be able to pass a criminal background check and drug screen processed through Medical Society Staffing.**

As part of the service offered to our clients, Med-X Staffing Services, LLC does a criminal background check 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 attached Reference Inquiry forms. If you need additional Reference Inquiry forms, please make copies. We verify up to seven years of employment. The more complete the application, the faster we can schedule interviews.

MED-X STAFFING SERVICES, LLC

Candidate Name: _____ Date: _____

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

In what medical specialties have you worked? _____

COMPUTER/KEYBOARD SKILLS

Data Entry Transcription WPM: _____ 10-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
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 Polices/Procedures Daily Operations Hire/Fire
 Personnel Management Number of Staff: _____
Other: _____

RECEPTION/GENERAL OFFICE SKILLS

Answer Telephones Schedule Appointments Schedule Procedures/Tests
 Schedules Hospital Surgeries Computerized Scheduling Manual Scheduling
 Greet Patients Register Patients Check Patients In/Out:
 Collect Co-Payments Verify Insurance Coverage Switchboard #Lines: _____
 Data Entry Prior Authorizations Referrals
 Prepare Fee Slips Pull/File Charts Chart Preparation
 Order Office Supplies Scribe Duties 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 Child
 Adult Immunizations Pediatric Immunizations IV Start IV Therapy
 Wound Care Suture Removal Dressing Changes Assist w/Procedures Surgeries
 Clean Instruments (Autoclave) X-Ray AART LMO Limited X-Ray Permit
 Injections
 Testing: Spirometrics Urinalysis Strep Test Pregnancy Test Sterile Set-up

GENERAL INFORMATION

EDUCATIONAL BACKGROUND

Did you graduate from High School? Yes No If not, do you have your GED? Yes No

College Attended: _____ Years complete: 1 2 3 4

College Graduate: Yes No Year complete: _____

Degree Received: _____

Other Schools or Training Programs:

School Name: _____ Area of Study: _____ Date: _____

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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 (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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date: _____	(copy required)
	Limited X-Ray Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exp Date: _____	
	Current Hep B	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____	
	Current Flu	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____	
	Current TB	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____	

Documentation/Copies May Be Required:

Immunizations (optional):	MMR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____
	TDAP	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____
	Varicella	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dates: _____

If your profession requires a license (RN, PA, NP, etc.), has your license been encumbered by any licensing body in the state? Yes No

If yes, please explain: _____

OTHER INFORMATIONAL QUESTIONS

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

1. Are you currently using illegal drugs (*including prescription drugs you are not authorized to use*)? Yes No

PLEASE NOTE: Med-X Staffing Services, LLC performs drug testing on its temporary and temp-to-permanent employees. Many employers who hire directly may perform drug screening during the pre-employment process.

2. Have you been terminated from a prior employer or resigned due to a likely discharge? Yes No
If yes, please explain the circumstances: _____

3. Have you ever stolen or diverted drugs or equipment from your workplace? Yes No
If yes, please explain the circumstances: _____

4. Have you ever violated workplace rules or licensing regulations governing prescribing medication?
 Yes No
If yes, please explain the circumstances: _____

EMPLOYMENT HISTORY

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 held multiple positions). If there are gaps in employment, (e.g. home, on leave, sabbatical, etc.), please make note of the reason.

EMPLOYER: _____

Address: _____
Street City and State Zip Code

Dates of Employment: _____

Job Title and Duties: _____

Reason for Leaving: _____

Supervisor Name: _____

Phone: _____
General Direct Fax

EMPLOYER: _____

Address: _____
Street City and State Zip Code

Dates of Employment: _____

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EMPLOYMENT HISTORY, cont'd

EMPLOYER: _____

Address: _____
Street City and State Zip Code

Dates of Employment: _____
Job Title and Duties: _____

Reason for Leaving: _____
Supervisor Name: _____
Phone: _____
General Direct Fax

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Phone: _____
General Direct Fax

There is only one more step, we appreciate your perseverance!

UNDERSTANDING, AGREEMENT AND SIGNATURE

1. For the purpose of this Agreement, "MXSS" means Med-X Staffing Services, LLC, is authorized to assist me in securing employment for employer paid positions.
2. Candidate who registers with MXSS and who interviews with a Client of MXSS understands that there is a 90-day obligation from the first date of the interview. If Candidate is offered a position outside of MXSS and with a Client with whom he/she has interviewed thru MXSS, within the 90-day window, Candidate is not eligible independently until after the 90 days from the first date of the interview.
3. I authorize Med-X Staffing Services, LLC to contact employers and others to obtain additional information about me or to verify certain facts, including **employment references, education, criminal background and drug screen.**
4. I understand that any references provided by previous employers, supervisors, or personal reference received by Med-X Staffing Services, LLC 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 Med-X Staffing Services, LLC Client.
5. 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 Med-X Staffing Services, LLC its Clients, its representatives, officers, and employees.
6. Candidates, who have interviewed with Med-X Staffing Services, LLC. Clients will direct communication regarding a job opening or job offer to Med-X Staffing Services, LLC. 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 permanent*), and a background check. References, background and drug screen checks must be satisfactory and or reviewed for explanation to be considered for placement or employment. Upon placement or conversion in temp to permanent, Med-X Staffing Services, LLC 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 Med-X Staffing Services, LLC to withdraw an offer of employment.
7. In the event that the candidate accepts employment as a Temporary Employee of Med-X Staffing Services, LL 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 Med-X Staffing Services, LLC. Med-X Staffing Services, LLC or the employee may terminate employment at any time, with or without advance notice, and for any reason.
8. If candidate accepts employment as a Temporary Employee of Med-X Staffing Services, LLC Candidate understands that he/she will abide by the Temporary Employee Handbook, HIPAA, OSHA and all rules and regulations.
9. I understand Med-X Staffing Services, LLC offers no guarantee of employment. Med-X Staffing Services, LLC 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, Temp to Permanent, or Temporary employment.
10. **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.

I understand that if hired, my employment and compensation can be terminated, with or without cause, and with or without advance notice at any time, at the option of either Med-X Staffing Services, LLC or myself. I further understand that no recruiter or other representative of Med-X Staffing Services, LLC does not have the authority to enter into an agreement on behalf of the Client, nor can Med-X Staffing Services, LLC guarantee employment for any specified period of time. **I understand that providing an untruthful answer to any question on the application is grounds for disqualification of or, if you have been hired, termination of your employment.**

Signature: _____ Date: _____

Print Name: _____

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REFERENCE INQUIRY FORM

CANDIDATE: Please complete the top portion of this form and provide only employer/supervisor information. Please do not fax this form to the employer. Med-X Staffing Services, LLC will handle obtaining the reference and faxing the form. Current employers will only receive this form once an offer of employment is accepted or candidate has authorization to check the reference.

Employer: _____ Phone: _____ Fax: _____
Supervisor: _____ E-mail _____
Address: _____ City/State/Zip: _____
Candidate Job Title: _____ Dates Employed: _____

I consent to any discussion regarding my performance, and I 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 from Med-X Staffing Services, LLC its representatives, officers and/or employees.

Candidate Signature: _____ Date: _____
Print Name: _____ Previous Name: _____
Last Four Digits of SSN: _____

EMPLOYER: Please complete the bottom portion of this form and return it by fax to (503) 345-6696.

Dear: _____

The above-mentioned candidate has applied for employment with our service and has provided your name as a current and/or former employer. We would appreciate your assistance in determining their qualifications by providing the information requested below. Please note the candidate has authorized the release of this information. What is provided to Med-X Staffing Services, LLC will be kept confidential.

	Outstanding	Above Average	Average	Unsatisfactory	Not Sure
Work Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with Patients/Customers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths: _____
Weaknesses: _____

Are Dates of Employment correct? Yes No If no, please correct the dates: _____ to _____
Is the Job Title correct? Yes No If no, please correct the title: _____

On a scale from 1 – 10 (1 being poor and 10 being outstanding), please rate employee's performance: _____
Why did the employee leave? _____

If you had a comparable opening now, would you rehire the employee? Yes No
If no, please explain: _____

Would you refer this person to a colleague? Yes No
If no, please explain: _____

Additional Comments: _____

Employer Signature: _____ Title: _____
Print Name: _____ Date: _____

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