

Medical Management Services Incorporated Employment Application

Applications are accepted and employees are chosen for employment without regard to race, color, religion, sex, age, national origin, marital, citizenship or veteran status, disability or genetic information. Please complete all questions, leaving nothing blank. Type or print neatly. Attach resume or extra sheet if desired. This application will be on file for 6 months. You may submit a new application if you wish to apply after that time. Please contact Human Resources (757-686-3500) if you need an accommodation to complete this application.

Applicant Information

Name (Please Print)	FIRST	MIDDLE	MAIDEN	Have you ever applied or submitted a resume to MMSI <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month/Year: _____/_____
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Present Street Address:

City	State	Zip Code	Country
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Mailing Address:

City	State	Zip Code	Country
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Home Telephone Number	Work Telephone Number	Phone number for messages	Social Security Number
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If hired, can you furnish proof that you are 18 years of age or older if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever worked for Medical Management Services Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No or any of the affiliates as listed below? Have you ever worked for NowCare Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked for Med-Systems Associates <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever worked for Bayview Physician Services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide dates & department:	Have you ever been employed by MMSI or any of its affiliates under a different name: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide name: Do you have a relative working for MMSI or affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name and department:
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How were you referred? (Please be specific)

Have you ever been convicted in a court of law to an offense other than a minor traffic violation? Yes No
If yes please explain in detail on a separate sheet of paper.

Have you ever been involved in any federal or state investigations concerning fraud and or abuse? Yes No
If yes please explain in detail on a separate sheet of paper.

Have you ever or are you currently excluded from providing services to patients that are covered under any federally funded health-care plan, including Medicare, Medicaid, & all other federal health-care programs? Yes No

POSITION(S) APPLIED FOR:

First Choice:	Second Choice:
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Application date:	Desired start date:	Salary expectation : (hourly or annually)
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AVAILABILITY (Check Desired)

Status: Any Full Time Part Time Temporary

Work Days: Any Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Desired Shift: Any Day Evening Night 8 hour day 12 hour day Other: _____

EDUCATION	Circle last school year completed					
	HIGH		COLLEGE		GRADUATE	
	From Mo. Yr.	To Mo. Yr.	Graduate Yes/No	Type of Degree	Major	Minor
Name of School(s) and complete addresses:						
High School						
Undergraduate College(s)						
Graduate College(s)						
Other professional trade, secretarial, etc.						

Please list any awards you have received in the last 10 years:

There may be a need to communicate with patients and others who do not speak English. If you are proficient in a language other than English, please complete the following section.

First Language:	Second Language:
Do you: <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak	Do you: <input type="checkbox"/> Read <input type="checkbox"/> Write <input type="checkbox"/> Speak
Frequency of use: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Frequency of use: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High

PROFESSIONAL REGISTRATION, LICENSE INFORMATION

(Must be completed if required by the position applied for)

Registration Number	Renewal Number	Date Issued	Date Expires	Type
State				
National				

SPECIALIZED TRAINING AND/OR EXPERIENCE

Certifications: (ACLS, CCRN, CPR etc.)	Registration or Certification #	Date Issued	Expiration Date	Renewal #

DRIVERS LICENSE

Are you licensed to drive a car? Yes No If yes complete the information below:

State	License Number	Expiration Date
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MILITARY SERVICE

Do you have any experience from military service that would be relevant to the job(s) for which you are applying? If yes explain in detail:

PROFESSIONAL MEMBERSHIP(S) (Please exclude memberships which would reveal your sex, race, religion, national origin, disability, or other protected status.)

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Record of Employment

List all employment for at least the last 10 years starting with your most recent position. Attach separate sheet if needed. A resume may be attached, but information not included on the resume, must be included on this application (i.e. company address, telephone number, supervisor's name etc).

Are you presently employed? Yes No

May we contact your present employer for work reference? Yes No After notice is given

Company Name:		Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Address (Street, City, State, Zip Code)		Job Duties	
Telephone	Supervisor's Name	Reason for Leaving or seeking other employment:	
Dates Employed	Supervisor's Title	Starting Pay Rate:	Ending Pay Rate:
From:	To:		
Company Name:		Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Address (Street, City, State, Zip Code)		Job Duties	
Telephone	Supervisor's Name	Reason for Leaving:	
Dates Employed	Supervisor's Title	Starting Pay Rate:	Ending Pay Rate:
From:	To:		
Company Name:		Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Address (Street, City, State, Zip Code)		Job Duties	
Telephone	Supervisor's Name	Reason for Leaving:	
Dates Employed	Supervisor's Title	Starting Pay Rate:	Ending Pay Rate:
From:	To:		
Company Name:		Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Address (Street, City, State, Zip Code)		Job Duties	
Telephone	Supervisor's Name	Reason for Leaving:	
Dates Employed	Supervisor's Title	Starting Pay Rate:	Ending Pay Rate:
From:	To:		
Company Name:		Job Title <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Address (Street, City, State, Zip Code)		Job Duties	
Telephone	Supervisor's Name	Reason for Leaving:	
Dates Employed	Supervisor's Title	Starting Pay Rate:	Ending Pay Rate:
From:	To:		

References			
Personal References			
List two people who are not related to you and are not previous employers			
Name	Address	Telephone	Occupation
1.			
2.			
Professional References			
Please list at least two people familiar with your technical ability, whom we may contact, no relatives please.			
Name	Address	Telephone	Occupation
1.			
2.			
3.			
4.			

Read Carefully Before Signing

It is the goal of Medical Management Services, Inc. (MMSI) to employ the qualified individual who best matches the requirements for the position to be filled. I certify that the statements herein are made truthfully without evasion and agree that the statements may be investigated and if found false may subject me to disqualification for employment or be sufficient reason for my dismissal. MMSI reserves the right to make any investigation into my previous employment history, financial, credit or public records, including criminal background through investigative or credit agencies or bureaus of MMSI's choice. I authorize all schools which I attended and all previous employers to furnish to MMSI my record, reason for leaving and all information they may have concerning me and hereby release them and MMSI from all liability for any damage whatsoever arising there from.

Applicant Signature

Date

Medical Management Services, Inc.
3241 Western Branch Blvd.
Chesapeake, VA 23321
Ph: 757-686-3500 Fax: 757-686-0541
e-mail: HR@msaphy.com