



APPLICANT INFORMATION

Last Name First Name M.I. Date
Street Address Apartment/Unit #
City State ZIP
Daytime Phone Email
Date Available Part time? Full time?
Position Applied for Desired Salary
Have you ever been convicted of a felony?
Have you ever worked for this company?
How did you learn about this opportunity?
List name and relationship of relative(s) employed by this company.

EDUCATION

High School Address (city/state)
From To Did you graduate?
College Address (city/state)
From To Did you graduate?
Degree
Post-Graduate / Professional School Address (city/state)
From To Did you graduate?
Degree

LICENSURE/CERTIFICATION

Please list all licenses and certifications you hold, including expiration date:

SKILLS

Front Office Medical Coding Medical Records Filing
Back Office Computer Foreign Language

Please use the space below to add any information that may be helpful in describing your qualifications for the position you seek.

PROFESSIONAL ORGANIZATIONS

Please list memberships or affiliations with professional organizations or associations, and any honors received:

MILITARY SERVICE

Branch From To
Rank at Discharge Type of Discharge
If other than honorable, please explain:

---

**PREVIOUS EMPLOYMENT**

Please list your work experience for the past five years beginning with your most recent position. Please attach any additional information.

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_  
Position Description \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference?  YES  NO

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_  
Position Description \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference?  YES  NO

Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_  
Position Description \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
May we contact your previous supervisor for a reference?  YES  NO

---

**REFERENCES**

Please list three professional references that have knowledge of your work experience. Please do not list relatives or friends.

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Company \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

---

**AUTHORIZATION**

I certify that my answers are true and complete to the best of my knowledge. I authorize any agent or employee of Atlanta Gastroenterology Associates to verify this information and to release it to anyone who may consider me for employment. I understand that intentionally providing false information on this form is a violation of state law. I also understand that applications are not valid unless I enter my name in the signature field below. If this application leads to employment, I understand that false, misleading information or omissions on my application or interview, may result in my termination. Employment shall be contingent upon furnishing evidence of identity and employment eligibility.

No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion or creed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your interest in a Medical Assistant position with Atlanta Gastroenterology Associates (AGA, LLC). Please provide the requested information below as it relates to your certification and education.

***This form must be completed with the employment application for your request to be considered.***

Name of applicant \_\_\_\_\_

Based on the attached chart, which category best describes your certification? \_\_\_\_\_

Name of institution attended \_\_\_\_\_

Timeframe attended \_\_\_\_\_

Month/year graduated \_\_\_\_\_

If certified, please list certification number and expiration date \_\_\_\_\_

Was the institution accredited at the time of graduation?  Yes  No

If "Yes" please provide the issuing agency \_\_\_\_\_

If you are unsure about whether the institution you attended was accredited, please refer to  
<http://ope.ed.gov/accreditation/Index.aspx>.

Please understand that a condition of your employment with AGA, LLC requires that:

- All new hires must maintain their certification/certificate of completion throughout their employment with AGA, LLC.
- OR
- All new hires must obtain their certification/certificate of completion within ninety days from their date of hire and maintain their certification/certificate throughout employment with AGA, LLC.

AGA, LLC is committed to providing an allowance of \$100 associated with the cost for the application, exam and fees. AGA will provide an allowance for the first two attempts to pass the exam/CEU modules. In the event you do not pass the exam/CEU modules on two separate attempts, AGA reserves the right to terminate your employment.

MA CATEGORY	DESCRIPTION	ACTION	DEADLINE	REIMBURSEMENT	CONDITIONS FOR ALL CATEGORIES	SUGGESTED RESOURCES
<b>Certified</b>	Currently holds an active certification	Must maintain their certification while employed with AGA	Must recertify within 30 days of expiration	Throughout employment, AGA will provide reimbursement up to \$100 to cover costs associated with recertification	In the event a passing exam grade is not achieved on two (2) separate attempts, AGA reserves the right to terminate your employment	<a href="http://www.aama-ntl.org">www.aama-ntl.org</a> <a href="http://www.ncctinc.com">www.ncctinc.com</a> <a href="http://www.americanmedtech.org">www.americanmedtech.org</a>
<b>Eligible</b>	Currently not certified, but have graduated from an accredited Medical Assistant school/program and are eligible to take the exam	Must schedule and take the certification exam	Must take the certification exam within six (6) months from date of hire OR With current employees, six (6) months from receipt of this new policy	Throughout employment, AGA will provide reimbursement up to \$100 to cover costs associated with recertification	In the event a passing exam grade is not achieved on two (2) separate attempts, AGA reserves the right to terminate your employment	<a href="http://www.aama-ntl.org">www.aama-ntl.org</a> <a href="http://www.ncctinc.com">www.ncctinc.com</a> <a href="http://www.americanmedtech.org">www.americanmedtech.org</a>
<b>Ineligible</b>	Those that did not attend an accredited MA school and are therefore not eligible for the certification exam	<p>Ineligible MAs must complete the "Assessment Based Recognition for Order Entry" program:</p> <ul style="list-style-type: none"> <li>• Take and pass the 5 CEU modules from the AAMA</li> <li>• Complete the agency application</li> <li>• Send proof of CEU completion and completed agency application to Human Resources</li> </ul>	<p>Must complete modules within six (6) months from the date of hire</p> <p>OR</p> <p>With current employees, six (6) months from receipt of this new policy</p>	Throughout employment, AGA will provide reimbursement up to \$100 to cover costs associated with the CEU modules	In the event the CEU modules are not completed or passed on two (2) separate attempts, AGA reserves the right to terminate your employment	<a href="http://www.aama-ntl.org/medical-assisting/abr">www.aama-ntl.org/medical-assisting/abr</a>
<b>Unsure</b>	Those who are not sure to which of the above categories they belong	Must determine whether they are eligible or ineligible by contacting their school or program. Once determined, follow the appropriate action, deadline and reimbursement above	Prior to date of hire			