



APPLICANT INFORMATION

APPLICATION DATE _____

First Name _____ M.I. _____ Last Name _____
Street Address _____ Apartment/Unit # _____
City _____ State _____ Zip _____
Primary Phone _____ Alternate Phone _____
Email _____

Have you ever been convicted of a felony? O YES O NO
Have you ever worked for this company? O YES O NO If yes, please list dates & location: _____
How did you learn about this opportunity? _____
List name and relationship of relative(s) employed by this company. _____

Position Applied for _____ Desired Salary/hourly _____
Date Available _____ Full time? O YES O NO Part time? O YES O NO Temp? O YES O NO
Please use space below to add any information that may be helpful in describing your qualifications for the desired position.

EDUCATION

High School/GED _____ Did you graduate? O YES O NO
Address (city/state) _____

Professional or Trade School _____ Did you graduate? O YES O NO
Address (city/state) _____
Degree/Certification/License _____

College or Institution _____ Did you graduate? O YES O NO
Address (city/state) _____
Degree _____

Post-Graduate _____ Did you graduate? O YES O NO
Address (city/state) _____
Degree _____

LICENSURE /CERTIFICATION

Please list all licenses and certifications you hold, including the license number and expiration date. For MA certifications, please complete the certification/registration affidavit form, attached to the application.

License / Certificate Name: _____ Number: _____ Expiration Date: _____
License / Certificate Name: _____ Number: _____ Expiration Date: _____

PROFESSIONAL ORGANIZATIONS

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

MILITARY SERVICE

Branch: _____ From: _____ To: _____



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 _____ Ending Salary \$ _____
Position Description _____
Dates of Employment: From _____ to _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? 0 YES 0 NO

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Ending Salary \$ _____
Position Description _____
Dates of Employment: From _____ to _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? 0 YES 0 NO

Company _____ Phone _____
Address _____ Supervisor _____
Job Title _____ Ending Salary \$ _____
Position Description _____
Dates of Employment: From _____ to _____ Reason for Leaving _____
May we contact your previous supervisor for a reference? 0 YES 0 NO

REFERENCES

Please list three professional references, direct supervisor or manager is preferred, that have knowledge of your work experience. (Please do not list coworkers, 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 United Digestive MSO Parent Company LLC, or entities under the parent company, 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 _____



**MEDICAL ASSISTANT
CERTIFICATION / REGISTRATION AFFIDAVIT**

Thank you for your interest in a medical assistant position with United Digestive MSO Parent Company LLC. Please provide the requested information below as it relates to your certification or registration.

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

Name: _____

Certifying/Registering Organization: _____ (AAAMA, AMT, AARMA, NCCT, NHA)

Certification/Registration Number: _____ Expiration Date: _____

Please understand that a condition of your employment as a medical assistant with United Digestive requires that:

- All new hires must maintain their certification/registration throughout their employment with United Digestive, including maintaining membership fees.

OR

- All new hires must obtain their certification/registration within 60 days from their date of hire and maintain their certification/registration throughout employment with United Digestive including membership fees.

United Digestive is committed to providing an annual allowance of up to \$100 towards the costs associated with obtaining and/or maintaining your certification/registration. Eligible costs to include fees for: application, exam, CE and required membership dues. UD will provide an allowance for the first two attempts to pass the exam. In the event you do not pass the exam on two separate attempts, UD reserves the right to terminate your employment.

AFFIDAVIT

I attest that my answers are true and complete to the best of my knowledge. I understand that false, misleading information or omissions on this certification/registration affidavit may result in my termination. Employment shall be contingent upon furnishing current certification/registration documents.

I understand that once employed with United Digestive I must maintain my certification/registration throughout my employment as a Medical Assistant.

Signature _____ Date _____