At Home Medical Service

Administrative Offices

10 Crow Canyon Ct., Suite 210
San Ramon, CA 94583
Phone: (925) 519-2688

Full Name: _____

Current Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Social Security Number: _____

Date of Birth: _____

Position Applied For:
Please specify the title of the position you are applying for (and any job reference number)

_____

Availability:

Desired Start Date: _____

I am available to Work:

Full Time: ☐ Yes ☐ No

Part Time: ☐ Yes ☐ No

Weekends: ☐ Yes ☐ No

Evenings: ☐ Yes ☐ No

Preferred Work Schedule –
Provide specific days and hours _____

Education:

Highest Level of Education Completed: _____

Name of School / Institution: _____

Degree or Certification Obtained: _____

Graduation Date: _____

California Specific Licensing / Certification. Please list any relevant certifications recognized by California: _____

Work Experience:

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Current or Most Recent Employer:

Company Name: _____
Position / Title: _____
Start Date: _____
End Date: _____
Key Responsibilities: Please list main duties and achievements in this role _____
_____
_____

Previous Employer:

Company Name: _____
Position / Title: _____
Start Date: _____
End Date: _____
Key Responsibilities: Please list main duties and achievements in this role _____
_____
_____

References:

Provide at least two professional references who can speak to your qualifications and work ethic.

1 Name: _____
Relationship to you: _____
Phone Number: _____
Email Address: _____

2 Name: _____
Relationship to you: _____
Phone Number: _____
Email Address: _____

Skills and Qualifications:

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Relevant Certifications/Licenses: List all applicable certifications, including CPR, First Aid, CMA or RMA certifications, etc.

Proficiencies with Medical Software: Please list specific software you are familiar with, such as EMR/EHR systems

Additional Skills: Include any relevant skills that would benefit the medical office, such as bilingual abilities, organizational skills, etc.

Motivation Statement:

☐ I am eager to contribute my skills and experience to your medical practice in California. My background in _____ and my commitment to enhancing patient experiences position me as a strong candidate for this role. I am particularly drawn to your practice because:

Certification:

☐ I hereby certify that all information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that any misleading information or omissions may disqualify me from consideration for employment or result in my immediate termination if I am already employed.

Signature: _____

Date: _____