



## **Job Application Instructions**

1. Please complete the following steps to be considered for employment at KeyBridge Medical Revenue Management.
2. Print and complete the enclosed “Application for Employment”, answer all questions, read the “Applicant’s Acknowledgement”, sign and date.
3. Print and complete the “Voluntary Information Regarding References and Background Investigation”. Include any concerns you may have, sign and date.
4. Complete on-line assessment per the instructions shown on the last page of this document.
5. Return the completed application to:

Human Resources Department  
KeyBridge Medical Revenue Management  
2348 Baton Rouge  
Lima, OH 45805  
Fax: 419-993-2926

**Your information will be reviewed and evaluated for completeness, job fit and company fit. You may then be contacted to schedule an interview.**



# Application for Employment

(Please print or type)

<p>Please fill out this application to the best of your ability. We are an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability, veteran status or condition protected by applicable federal or state laws.</p>	Name _____
	Is any additional information relative to change of name, nickname necessary to enable a check on your work record? If so, please explain: _____
	Address _____
	City _____ State _____ Zip _____
	Phone No. _____
	Alternate Phone No. _____
	E-Mail _____
	S.S. No. _____
	Position Applied for _____
	Referred by: _____

## Employment History:

Please begin with your current or last job. Include military service assignments. If you include volunteer activities, please exclude organizations that might indicate race, color, religion, national origin, disability or other protected status.

(1.)

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Yearly wage \$ \_\_\_\_\_ (starting) \$ \_\_\_\_\_ (ending)

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties/ Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

(2.)

Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Yearly wage \$ \_\_\_\_\_ (starting) \$ \_\_\_\_\_ (ending)

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Duties/ Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

(3.)

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Yearly wage \$ \_\_\_\_\_ (starting) \$ \_\_\_\_\_ (ending)  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties/ Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

(4.)

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Yearly wage \$ \_\_\_\_\_ (starting) \$ \_\_\_\_\_ (ending)  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties/ Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

(5.)

Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone No. \_\_\_\_\_  
From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_  
Yearly wage \$ \_\_\_\_\_ (starting) \$ \_\_\_\_\_ (ending)  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Duties/ Responsibilities \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Education:**

Years completed: 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 20+

Please include the school name, the location, diploma or degree received and what your studies were.

Elementary \_\_\_\_\_  
High school \_\_\_\_\_

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Trade school \_\_\_\_\_

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College \_\_\_\_\_

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Graduate school \_\_\_\_\_

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**Specialized training:**

Any specialized training, apprenticeship programs, or any special job-related skills:

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Any honors, awards, copyrights, or patents \_\_\_\_\_

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**Foreign languages:**

Please indicate if you speak, read, write and if you are fluent, good or fair in any languages other than English.

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**Professional, Trade, Business, or Civic Organizations/Offices:**

Please exclude organizations that might indicate race, color, religion, national origin, disability, or other protected status.

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**Military History:**

Job-related training \_\_\_\_\_

Status \_\_\_\_\_

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**Personal:**

If less than 18 years of age, can you provide proof of eligibility to work?  Yes  No

Have you ever applied to us before?  Yes  No

When? \_\_\_\_\_

Have you ever been employed with us before?  Yes  No

When? \_\_\_\_\_

May we contact your present employer?  Yes  No

Can you perform the essential job functions of the job to which you are applying?  Yes  No

Have you ever been convicted of a felony? Convictions will not automatically disqualify you from employment.  Yes  No

If applying for a position that requires driving, do you have the appropriate license?

Yes  No  NA If yes please explain. \_\_\_\_\_

Are you a citizen of the United States?  Yes  No

Can you provide proof of eligibility to work in this country (for example: green card, social security card, passport, etc.)?  Yes  No

Are you currently in "layoff" status, subject to recall?  Yes  No

When could you start employment with us? \_\_\_\_\_

Are you available:  Full Time;  Part time;  Shift work;  Temporary.

If required, are you available to travel?  Yes  No

If required, are you available to relocate?  Yes  No

**References other than previous employers and relatives:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Applicant's Acknowledgement** (Please read before signing)

I certify that answers given in this application are true and complete to the best of my knowledge. I authorize investigation into all statements I have made on this application as may be necessary for reaching an employment decision.

As a condition of my employment, I accept the principle that the welfare of the organization depends upon the conduct and honesty of its employees and the trust and confidence of our customers and the public in general. The organization expects honesty, security and confidentiality. I therefore agree to the following:

1. I agree to give no unauthorized information relative to the accounts of the organization or its relation with others, and to discuss no matters of confidential nature relating to the organization's affairs unless such discussion is in the necessary course of the organization's business and is in accordance with the organization's policy.
2. I also agree to inform the management of the organization, without delay, of any fraud, false entry, substantial error, embezzlement or employee misconduct, which I discover or know to have taken place in any records, property or funds of the organization, and to report any transaction or matter that seems damaging to the organization.
3. In the event I am employed, I understand that any false or misleading information I knowingly provided in my application or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all the rules and regulations of the employer and any special agreements reached by the employer and me.

This application shall be considered active for no more than 45 days. After that time, applicants will be required to resubmit a completed application. The applicant understands that neither this document nor any offer of employment from this employer constitutes an employment contract unless the employer and employee execute a specific document in writing. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon. Unless a specific document is executed in writing by the employer and employee, **all employment here is At-Will**. Just as an employee may resign for any reason he/she has, the employer may also terminate an employee for any reason.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Voluntary Information Regarding References and Background Investigation

**Do not provide personal information that is not clearly relevant to your potential employment. If you have a question about whether the information is relevant, please contact KeyBridge and ask whether you should provide information on the general topic of concern, without revealing any specific details.**

*I have the following special concerns and/or comments about potential negative references or information that may be revealed through KeyBridge's background investigation regarding:*

- Previous Employment Information
- Educational Information
- Personal References
- Licensing or Certification Information
- Criminal Records (Do not provide information about arrests for criminal offenses unless you were convicted. Do not provide information about marijuana-related convictions more than two years old.)
- Credit Report
- Other \_\_\_\_\_

My concerns or comments about potentially negative references or information relevant to my potential employment are (write in space provided below):

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## *On-Line Assessment*

Please complete the following assessment, which is self-administered using the Internet.

### **Instructions:**

1. Log on to **www.profilesontheweb.com**
2. Click "Self Registration" from the left navigation menu.
3. Enter the Authorizing ID and Authorization Code shown below and click "Continue".

#### **Please note all codes are case-sensitive.**

1. Authorizing ID: GAC
  2. Authorization Code: GACSOS
4. Complete all candidate information; you must create a unique username and password for yourself. These are different codes from the ones that appear above in item 3. (Ex. Candidate User Name = candidate first initial and last name.)
    - a. **NOTE: Username and password are very important and must be recorded. You will need them if you are returning to an unfinished test or taking a separate one.**
  5. Click the "Review Scheduling" button. Verify all information and click the "Save Scheduling" button to begin the assessment.
  6. Complete the assessment and click Assessment "completed" when finished.

If you have any questions contact KeyBridge at 419-993-2900.