



Ridgeland Office
 667 Highway 51 North • Ridgeland, MS 39157
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 Email: info@shnams.com • www.shnams.com

**MEDICAL ASSISTANT
 EMPLOYMENT APPLICATION**

APPLICANT INFORMATION

Name - Last: _____ First: _____ Middle: _____

Previously Held Names: _____

Mailing Address: _____

 City State Zip

Phone - Home: _____ Work: _____ Cell: _____

Email Address: _____ Social Security Number: _____ - _____ - _____

Are you over 18 years old? Yes No Date of Birth (mm/dd/yyyy): _____

Emergency Contact Name and Phone: _____

Primary Language: _____ Secondary Language: _____

How did you hear about working for Specialty Healthcare? _____

How do you wish to be contacted? Phone Email Mail

Cell Phone Info	
Is it a Smart phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is it Text capable?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ADDITIONAL INFORMATION/EXPERIENCE

Current Driver's License?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments/Explanations:
Current CPR certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current First Aid certification?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hoyer Lift experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Can you cover on short notice?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Any restrictions, such as working with certain pets, smokers, or heavy lifting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CRIMINAL CONVICTIONS

Have you ever been convicted of a crime? Yes No *(If yes explain convictions, dates, and sentences imposed. Convictions will not necessarily prohibit employment, but will be considered in relation to specific job requirements.)*

LOCATIONS YOU CAN WORK/AVAILABILITY TO TRAVEL

Which areas are you willing to travel to for work:

DAYS AND TIMES YOU ARE AVAILABLE TO WORK

	SUN	MON	TUE	WED	THU	FRI	SAT
Start Time							
End Time							

PROSPECTS LIST/ADDITIONAL ASSIGNMENTS

Being listed on the Specialty Healthcare prospective Medical Assistant list (Prospects List) presents opportunities to connect you with additional Specialty Healthcare members after your initial placement. Caregivers who are on the list may want more hours or may need a more permanent assignment. We use this list as a tool for long term, short term, and emergency employment needs. The Prospects List includes your name, phone number, availability and area of town that you wish to work. When a member needs help recruiting a caregiver, we provide them with the list or assist them in finding a caregiver from the list. The member or Specialty Healthcare may call caregivers from the list to set up interviews and/or schedule work times.

To remain in good standing with our agency you are expected to adhere to conditions contained in your Med. Asst. Training Manual – current TB test, CPR, 1st Aid, Continuing Education, background check and Support Coordinator reviews. Should your requirements lapse, you will be removed from the Prospects List. If you are not available for scheduled work after accepting an assignment, you must notify the member and the Specialty Healthcare office. A no call/no show can result in removal from the Prospects List.

Your choice below will only affect your status on the Prospects List. Once employed with a member, you may continue working with that member even if you are removed from the list.

I agree with and understand the above information regarding the Prospects List. I wish to:

- Be included on the Prospects List.
- Not be included on the Prospects List. I am not interested in additional work after initial placement with a member. I understand that, by making this choice, I will not be eligible to file Unemployment Claims.

EDUCATION

Type of School	Name of School	Location (Complete Address)	Check last grade completed				Major & Degree
High School			9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	
			9 <input type="checkbox"/>	10 <input type="checkbox"/>	11 <input type="checkbox"/>	12 <input type="checkbox"/>	
College/ Business/ Trade School			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
			1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

WORK EXPERIENCE

Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

Name of Employer:	Name of Last Supervisor	Employment Dates	Pay or Salary
Address:		From: To:	Start: Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

REFERENCES

List three references that can verify your character and work history

1. A Previous Employer	Reference Name:	Phone:
Company Name:		Applicant Employment Dates:
Reference Title:		Applicant Job Title:
Additional Information:		
2. Personal or Professional	Reference Name:	Phone:
Reference Title:		Relationship:
Additional Information:		
3. Personal or Professional	Reference Name:	Phone:
Reference Title:		Relationship:
Additional Information:		

PLEASE READ CAREFULLY

Neither the acceptance of this information nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of this company. The relationship cannot be altered except by a written instrument signed by the President of the Company. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. **I understand that misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice.** I authorize the investigation of all matters contained on this form and hereby give the Company permission to contact schools, previous employers, references, and others, and hereby release the Company from any liability as a result of such contact. If I am hired, this Authorization will remain on file. It will be used to get updated information about me from Central Registry during my employment. A photocopy or facsimile of this Authorization is valid as the original.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment information, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, and mode of living. Upon written request from you, we will provide you with additional information concerning the nature and scope of any report requested by us.

I further understand that my employment with this company shall be probationary for a period of up to **180 days**, during which my employment relation with the company is terminable at will for any reason by either party.

Signature of Applicant: _____ Date: _____

This company is an equal opportunity employer and considers applicants on the basis of qualification without regard to gender, race, color, disability, national origin, religion, age, sexual preference or any other basis prohibited by city, state or federal law.

Please mark the counties in which you are willing to work.

<input type="checkbox"/> Adams County	<input type="checkbox"/> Leflore County
<input type="checkbox"/> Alcorn County	<input type="checkbox"/> Lincoln County
<input type="checkbox"/> Amite County	<input type="checkbox"/> Lowndes County
<input type="checkbox"/> Attala County	<input type="checkbox"/> Madison County
<input type="checkbox"/> Benton County	<input type="checkbox"/> Marion County
<input type="checkbox"/> Bolivar County	<input type="checkbox"/> Marshall County
<input type="checkbox"/> Calhoun County	<input type="checkbox"/> Monroe County
<input type="checkbox"/> Carroll County	<input type="checkbox"/> Montgomery County
<input type="checkbox"/> Chickasaw County	<input type="checkbox"/> Neshoba County
<input type="checkbox"/> Choctaw County	<input type="checkbox"/> Newton County
<input type="checkbox"/> Claiborne County	<input type="checkbox"/> Noxubee County
<input type="checkbox"/> Clarke County	<input type="checkbox"/> Oktibbeha County
<input type="checkbox"/> Clay County	<input type="checkbox"/> Panola County
<input type="checkbox"/> Coahoma County	<input type="checkbox"/> Pearl River County
<input type="checkbox"/> Copeiah County	<input type="checkbox"/> Perry County
<input type="checkbox"/> Covington County	<input type="checkbox"/> Pike County
<input type="checkbox"/> DeSoto County	<input type="checkbox"/> Pontotoc County
<input type="checkbox"/> Forrest County	<input type="checkbox"/> Prentiss County
<input type="checkbox"/> Franklin County	<input type="checkbox"/> Quitman County
<input type="checkbox"/> George County	<input type="checkbox"/> Rankin County
<input type="checkbox"/> Greene County	<input type="checkbox"/> Scott County
<input type="checkbox"/> Grenada County	<input type="checkbox"/> Sharkey County
<input type="checkbox"/> Hancock County	<input type="checkbox"/> Simpson County
<input type="checkbox"/> Harrison County	<input type="checkbox"/> Smith County
<input type="checkbox"/> Hinds County	<input type="checkbox"/> Stone County
<input type="checkbox"/> Holmes County	<input type="checkbox"/> Sunflower County
<input type="checkbox"/> Humphreys County	<input type="checkbox"/> Tallahatchie County
<input type="checkbox"/> Issaquena County	<input type="checkbox"/> Tate County
<input type="checkbox"/> Itawamba County	<input type="checkbox"/> Tippah County
<input type="checkbox"/> Jackson County	<input type="checkbox"/> Tishomingo County
<input type="checkbox"/> Jasper County	<input type="checkbox"/> Tunica County
<input type="checkbox"/> Jefferson County	<input type="checkbox"/> Union County
<input type="checkbox"/> Jefferson Davis County	<input type="checkbox"/> Walthall County
<input type="checkbox"/> Jones County	<input type="checkbox"/> Warren County
<input type="checkbox"/> Kemper County	<input type="checkbox"/> Washington County
<input type="checkbox"/> Lafayette County	<input type="checkbox"/> Wayne County
<input type="checkbox"/> Lamar County	<input type="checkbox"/> Webster County
<input type="checkbox"/> Lauderdale County	<input type="checkbox"/> Wilkinson County
<input type="checkbox"/> Lawrence County	<input type="checkbox"/> Winston County
<input type="checkbox"/> Leake County	<input type="checkbox"/> Yalobusha County
<input type="checkbox"/> Lee County	<input type="checkbox"/> Yazoo County

Please submit documents by:

Employee Name: _____ Date: _____

Attention: Specialty Healthcare Nursing Agency | Fax: 601-427-5974 | E-Mail: info@shnams.com