



Please read this before you begin!

Instructions for downloading, filling and saving your application to send

1. Download the application using the download icon in the upper right corner*
2. Save it to your computer and add your name to the end of the file name
 - a. Example: NMFAl-application-2019-yourname
3. Close the window with the original form
4. Find and open the newly saved file with your name
5. Fill out the application and simply save it again

Please send the completed application along with your resume and a cover letter to info@nmfootandankle.com.

*** Please Note:** Although you can fill in a form while it is displayed within your browser, we strongly recommend that you not do so. You will lose all entered form data if you browse to other web pages in the same browser window that you are using to display the screen fillable form. You run the risk of accidentally deleting all of your entered form data by inadvertently clicking on the "back or "forward" buttons on your browser. Clicking either of these buttons will close the form and delete of all your information.

We recommend that you open the Acrobat Reader program, click on file/open and locate the form saved on your computer hard drive. Then fill out the form in Acrobat Reader independently from your browser or your Internet connection.

NEW MEXICO
Foot & Ankle
INSTITUTE

APPLICATION FOR MEDICAL OFFICE EMPLOYMENT

DATE: _____

FOR WHICH POSITION ARE YOU APPLYING? _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY: _____ CAN YOU LEGALLY WORK IN THE US? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____

IF YES, EXPLAIN

IF YOU ARE BILINGUAL, WHAT LANGUAGES DO YOU SPEAK, READ, OR WRITE?

CHECK THE BOX NEXT TO SKILLS WITH WHICH YOU HAVE EXPERIENCE:

- | | |
|--|---|
| <input type="checkbox"/> COMPUTERS | <input type="checkbox"/> SCHEDULING APTS |
| <input type="checkbox"/> HEAVY PHONES | <input type="checkbox"/> MEDICAL TERMINOLOGY |
| <input type="checkbox"/> SCHEDULING PROCEDURES | <input type="checkbox"/> MEDICAL BILLING |
| <input type="checkbox"/> TRANSCRIPTION | <input type="checkbox"/> INSURANCE PROCESSING |
| <input type="checkbox"/> COLLECTIONS | <input type="checkbox"/> TAKING MEDICAL HISTORIES |
| <input type="checkbox"/> TAKING VITAL SIGNS | <input type="checkbox"/> GIVING INJECTIONS |
| <input type="checkbox"/> READING LAB REPORTS | <input type="checkbox"/> INSURANCE VERIFICATION |

EDUCATION

LAST HIGH SCHOOL ATTENDED	LOCATION	LAST GRADE COMPLETED

COLLEGE, TRADE SCHOOL OR SPECIAL TRAINING

NAME OF SCHOOL	LOCATION	DATES ATTENDED	DEGREE/CERTIFICATE	MAJOR

MEDICAL CERTIFICATES OR LICENSES

TYPE LICENSES / CERTIFICATE	LICENSE / CERTIFICATE #	DATE ISSUED	STATE ISSUED

ARE YOUR LIC / CERT CURRENT? _____

ARE YOU APPLYING FOR FULL TIME WORK? _____

WHAT IS YOUR SALARY REQUIREMENT? _____

DO YOU NEED TO GIVE NOTICE TO PRESENT EMPLOYER? _____

IN PAST EMPLOYMENTS, DID YOU HAVE A GOOD ATTENDANCE RECORD? _____

IF NOT, WHY NOT? _____

PLEASE STATE WHICH OF YOUR PREVIOUS POSITIONS YOU ENJOYED THE MOST AND EXPLAIN WHY.

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PLEASE STATE WHICH OF YOUR PREVIOUS POSITIONS YOU ENJOYED THE LEAST AND EXPLAIN WHY.

WHAT DO YOU HOPE TO GAIN FROM THIS JOB?

WHAT MOTIVATES YOU TO GO THE EXTRA MILE IN THE WORKPLACE?

REFERENCES

NAME	COMPANY	PHONE