

MEDPAY ASSURANCE, LLC EMPLOYMENT APPLICATION

This application will not be considered for review unless all fields are completed. Applications will remain on file for six (6) months; thereafter, a new application will need to be submitted.

ALL APPLICANTS MUST SUBMIT A RESUME.

MedPay Assurance, LLC is an equal opportunity employer and does not discriminate with regard to any protected class including race, color, creed, gender, national origin, religion, physical handicap, disability, genetics, citizenship or age.

Personal Information:

Date of Application: _____

Name _____
Last First Middle Other Name

Present address _____
Number Street City State Zip

Contact Information: _____
Home Number Cell Number

Position Sought:

Date available to start work: _____ Desired Hourly Pay: _____

Position applying for: _____ Patient Services
_____ Administrative Services
_____ Insurance Call Center
_____ Legal Call Center
_____ Liens

Office Location: _____ Corinth, MS
_____ Flowood, MS

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? ___yes ___no

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

Are you legally authorized to work in the United States? Yes _____ No _____

Education:

	Name of School	Location	# of Years	Major & Degree
High School				
College/University				
Graduate School				
Technical/Business				

List your areas of highest proficiency, special skills or other items that may contribute to your abilities in performing the above mentioned position.

Please list two references other than relatives or previous employers.

Name: _____

Name: _____

Company: _____

Company: _____

Title: _____

Title: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Work History: All work experience must be disclosed below beginning with the applicant's most recent employment listed first. An explanation must be given for any gaps in work history. All work history is subject to verification.

Work Experience:			
Name of employer	Name of last Supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.			
Name of employer	Name of last Supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your last job title		
Reason for leaving (be specific)			

Work Experience:			
Name of employer	Name of last Supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.			
Name of employer	Name of last Supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.			

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Name of employer	Name of last Supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancement or promotions while you worked at this company.			
Name of employer	Name of last Supervisor	Employment dates	Pay or salary
Address		From	Start
City, State, Zip Code		To	Final
Phone Number	Your last job title		
Reason for leaving (be specific)			

**PLEASE ENSURE THAT YOUR APPLICATION IS COMPLETE.
ANY OMISSIONS WILL VOID THIS APPLICATION.**

**PLEASE READ THE FOLLOWING CAREFULLY
BEFORE SIGNING THIS APPLICATION**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I hereby certify that I, the undersigned applicant, have personally completed this application or have noted the name of the individual assisting me in the completion of this application.

I understand that any omission or misstatement of material fact on this application, or on any document used to secure employment, shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby consent and authorize MedPay Assurance, LLC to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. I agree to hold harmless from the filing of a law suit or any other action against MedPay Assurance, LLC and any former or current employers and their agents for any information disclosed.

I hereby consent and authorize MedPay Assurance, LLC to conduct a background screening including prior criminal history. I agree to hold harmless from the filing of a law suit or any other action against MedPay Assurance, LLC and any background screening service used.

I hereby consent and authorize MedPay Assurance, LLC to conduct an initial drug screening prior to an offer of employment. I hereby consent and authorize the drug screening service provider to disclose and discuss the results with MedPay Assurance, LLC and its Human Resources manager. I agree to hold harmless from the filing of a law suit or any other action against MedPay Assurance, LLC and any drug screening service used.

I acknowledge and agree that this application will be considered for the position for which I am applying by MedPay Assurance, LLC for no longer than 6 months from the date it was made. I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between myself and MedPay Assurance, LLC. In addition, I understand and agree that if I am employed, my employment will be at-will and is for no definite or determinable period and may be terminated at any time, with or without prior notice, and for any reason or no reason, at the option of either myself or MedPay Assurance, LLC, and that promises or representations contrary to the foregoing, or given at any time in the future, are not binding. If employed, I will comply with all rules, regulations, instructions, policies and procedures. I understand that if offered employment, full daily attendance and punctuality are requirements of employment.

I understand that such rules, regulations, policies and procedures do not constitute a contract of employment and are subject to change at any time and without advanced notice.

I understand that MedPay Assurance, LLC will require initial drug testing prior to an offer of employment and random drug testing after employment.

APPLICANT'S SIGNATURE

DATE

Name of Individual Completing Application
If Not Completed By Applicant

DATE