



Gordan Jacobs™

A National Medical Billing Firm

Employment Application

Enclosed is the requested Employment Application.

Please fill out completely and return via FAX 860-564-4060

If you have any questions, please contact us and we will assist you.

Phone: 860-546-8925

email: help@gordanjacobs.com



GordanJacobs™ Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Date of Birth:	
City		State		ZIP	
Phone		E-mail Address			
Cell Phone		Social Security No.		Desired Salary	
Position Applied for					
In case of Emergency notify:				Phone Number:	
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?	
		YES	NO	YES	NO
Have you ever worked for this company?		YES	NO	If so, when?	
I hereby authorize GordanJacobs™, Inc. to conduct a criminal background check:		YES	NO		
Have you ever been convicted of a felony?		YES	NO	If yes, explain	
Are you able to lift 50 lbs or more several times a day?		YES	NO	If no, explain	
Have you every had a back injury?		YES	NO	If yes, explain	

EDUCATION

High School		Address			
From	To	Did you graduate?		YES	NO
				YES	NO
College		Address			
From	To	Did you graduate?		YES	NO
				YES	NO
Other		Address			
From	To	Did you graduate?		YES	NO
				YES	NO

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	



Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		
	YES	NO
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		
	YES	NO
Company	Phone ()	
Address	Supervisor	
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference?		
	YES	NO

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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