

RCP Employment Application Form
Application For Employment
Applicants May Be Tested For Illegal Drugs

Applicant Information

PLEASE COMPLETE ALL PAGES.

DATE

Last Name	First Name	Middle	Maiden
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Present address

City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

How long at this Address?	<input type="text"/>
Social Security No	<input type="text"/>
Telephone	<input type="text"/>
Email Address	<input type="text"/>

Employment Information

Position applied for	<input type="text"/>
Hourly pay desired	<input type="text"/>
How many hours can you work weekly?	<input type="text"/>
Can you work evenings?	<input type="text"/>

Days/hours available to work	
No Pref <input type="checkbox"/>	Thur <input type="text"/>
Mon <input type="text"/>	Fri <input type="text"/>
Tue <input type="text"/>	Sat <input type="text"/>
Wed <input type="text"/>	Sun <input type="text"/>

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

When are you available for work?

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION? No Yes

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.

Driving History

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work?

Driver's license number State of issue

Type Operator Commercial (CDL) Chauffeur

Expiration date

Have you had any accidents during the past three years?

Yes No

How many?

Have you had any moving violations during the past three years?

Yes No

How Many?

Computer Applications

Familiar with the following:

PC/Windows Applications

MS Excel MS Access MS PowerPoint MS Word
 Email Internet

Other PC Applications

Clinical and Hospital Applications

Meditech McKesson Siemens Cerner

Other Clinical and Hospital Applications

Call center management systems

3rd Party billing systems

Physician billing systems

References

Please list two references other than relatives or previous employers.

Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Company	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Address 2	<input type="text"/>	Address 2	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Military

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty Date Entered Discharge Date

Previous Work Experience

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

Name of employer	<input type="text"/>	Name of last supervisor	Employment dates (Mo/Yr)		Pay or salary	
Address	<input type="text"/>		From	<input type="text"/>	Start	<input type="text"/>
City	<input type="text"/>		To	<input type="text"/>	Final	<input type="text"/>
State	<input type="text"/>					
Zip Code	<input type="text"/>					
Phone number	<input type="text"/>					
Your last job title	<input type="text"/>					

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.

Position 2

Name of employer	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Phone number	<input type="text"/>
Your last job title	<input type="text"/>

Name of last supervisor	Employment dates (Mo/Yr)	Pay or salary
<input type="text"/>	From	<input type="text"/>
	To	<input type="text"/>
		Start
		Final

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.

Position 3

Name of employer	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip Code	<input type="text"/>
Phone number	<input type="text"/>
Your last job title	<input type="text"/>

Name of last supervisor	Employment dates (Mo/Yr)	Pay or salary
<input type="text"/>	From	<input type="text"/>
	To	<input type="text"/>
		Start
		Final

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.

May we contact your present employer? Yes No

Did you complete this application yourself? Yes No

If not, who did?

**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Revenue Cycle Partners, LLC (hereinafter called "RCP"), I agree that:

Neither the acceptance of this application 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 RCP practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of RCP, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Member(s) of RCP. Both the undersigned and RCP may end the employment relationship at any time, without specified notice or reason. If employed, I understand that RCP 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 the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give RCP permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release RCP from any liability as a result of such contract.

I understand that RCP has a confidentiality policy and that agreeing to adhere to that policy is a condition of my employment.

I also understand that (1) RCP has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, RCP may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, RCP will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with RCP shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with RCP is terminable at will for any reason by either party.

Signature of applicant

Date:

RCP is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with RCP depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

MAILING ADDRESS

Revenue Cycle Partners
1643 Lewis Avenue, Suite 203
Billings, MT 59102