



Medicaid Billing Solutions, Inc.
Billing - Consulting - Training

APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

Full name: _____ Date: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Email address: _____

Date available: _____ Desired salary: _____

Position applied for: _____

Are you a United States citizen? Yes ___ No ___ If no, are you authorized to work in the U.S.? Yes ___ No ___

Have you ever worked for MBS? Yes ___ No ___ If yes, when? _____

Have you ever been convicted of a felony? Yes ___ No ___

If yes, explain: _____

EDUCATION

High school: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Degree: _____

Major: _____ Minor: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___ Degree: _____

Major: _____ Minor: _____

MILITARY SERVICE

Branch: _____ Rank at discharge: _____

From: _____ To: _____ Type of discharge: _____

If other than honorable, explain: _____

Name: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: (_____) _____

Address: _____

Job title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your supervisor for reference? Yes ___ No ___

Company: _____ Phone: (_____) _____

Address: _____

Job title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your supervisor for reference? Yes ___ No ___

Company: _____ Phone: (_____) _____

Address: _____

Job title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your supervisor for reference? Yes ___ No ___

Company: _____ Phone: (_____) _____

Address: _____

Job title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for leaving: _____

May we contact your supervisor for reference? Yes ___ No ___

Name: _____

REFERENCES

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: (_____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (_____) _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: (_____) _____

Address: _____

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: _____

Please email completed application to: serviceteam@medicaidbillingsolutions.com.