



Application For Employment

22 East Mifflin, Suite 200
Madison, Wisconsin 53703

1-800-545-5015 Ext. 7164
(608) 260-7164 (Local)
(608) 258-1908 (Fax)

*We request that you complete all portions of the application.
Physicians Plus Insurance Corporation is an Affirmative Action/Equal Opportunity Employer. No questions on this application are intended to elicit information about protected class status.

Position Applied for _____ Date _____

Name _____ Social Security # _____
Last First Middle

Home Telephone # _____ Alternate Telephone # _____

Present Address _____
Street City State Zip Code

Are you legally eligible for employment in the USA? Yes No

If under 18 years of age, state birth date _____

Referral Source: Advertisement Friend/Relative Web Site Walk-In
 Employment Agency Recruiter School/College Temp Agency
 Employee (list the employee's full name) _____
 Career Fair Other _____

Date available for employment _____ Salary desired _____

Employment Preference: Full-time Part-time Limited Term/Temporary
 Can you work evenings? Yes No Can you work any weekend hours? Yes No

Have you ever been employed by Physicians Plus? Yes No

If so, under what name? _____

Have you ever applied for a position with Physicians Plus? Yes No

If yes, for what and when? _____

Have you ever been convicted of a crime (including felonies and misdemeanors) or are there pending criminal charges against you? * Yes No Date _____

If yes, please explain the circumstances of the conviction: _____

*Will not be an automatic bar to employment.

EDUCATION

Name and Location	Dates Attended	Major Studies	Did You Graduate?	Diploma/Degree
*High School/GED				
*Business/Trade School				
*College				
*Graduate Studies				
Other (Specify)				

*Transcript(s) may be requested

Are you currently pursuing further studies? Yes No

If so, identify courses enrolled in and course times _____

TRAINING & SKILLS: Check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Type/Keyboard ____ wpm | <input type="checkbox"/> CPT-4, ICD 9 Codes | <input type="checkbox"/> Supervisory |
| <input type="checkbox"/> Filing (Alpha/Numeric) | <input type="checkbox"/> Transactional System | <input type="checkbox"/> Call Center |
| <input type="checkbox"/> Calculator/Adding Machine | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Baldrige/Quality |
| <input type="checkbox"/> Switchboard | <input type="checkbox"/> Claims Processing | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Other (Specify) _____ | | |

COMPUTER APPLICATIONS: Please list software applications you have experience using:

PROFESSIONAL REGISTRATION/LICENSING: (Identify those related to job applied for)

Type _____ State _____ Lic No. _____ Exp. Date _____

Type _____ State _____ Lic No. _____ Exp. Date _____

Other _____

(Proof of Registration/Licensing will be required prior to employment)

Has your license ever been suspended or revoked? Yes No

If yes, describe _____

EMPLOYMENT HISTORY:

Please list below (even if listed on resume) present and past employment, beginning with the most recent position. Complete ALL items and be specific.

Company	Address	Telephone
Dates Employed	Salary	Name of Immediate Supervisor
From: To:	Starting: Ending:	

Your Job Title _____

Summarize the nature of work performed and job responsibilities _____

Reason For Leaving:

Company	Address	Telephone
Dates Employed	Salary	Name of Immediate Supervisor
From: To:	Starting: Ending:	

Your Job Title _____

Summarize the nature of work performed and job responsibilities _____

Reason For Leaving:

Company	Address	Telephone
Dates Employed From: To:	Salary Starting: Ending:	Name of Immediate Supervisor

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Your Job Title _____

Summarize the nature of work performed and job responsibilities _____

Reason For Leaving:

May we contact the above employers for reference checking purposes? _____

Please identify any employer you do not wish us to contact: _____

Have you ever worked for these organizations under a different name? Yes No

Give name and organization(s): _____

Please list any former names used: _____

Please list any former states of residence: _____

REFERENCES

Please provide two professional references below, excluding relatives and friends. At least one supervisory reference is required. (Students, please include an academic reference.)

1. Name: _____
Occupation: _____
Address: _____
Relationship: _____
Years Known: _____ Phone # _____ / _____

2. Name: _____
Occupation: _____
Address: _____
Relationship: _____
Years Known: _____ Phone # _____ / _____

Applicant Affirmative Action Information
Invitation to Identify

Physicians Plus Insurance Corporation is an equal opportunity and affirmative action employer. Our organization has contracts with governmental agencies and is required to maintain information, separate from the application form, on individuals who apply for employment. We invite you to provide this information about yourself by completing this form.

Providing this information is strictly voluntary. If you choose not to provide it, there will be no adverse impact on your consideration for employment. Any information you provide will be held confidential.

Applicant Name: _____ **Today's Date** _____

Position Applied For (*List one only*): _____

GENDER: Male Female

ARE YOU HISPANIC OR LATINO? Yes No (If yes, do not check a race category below)

(A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race)

PLEASE CHECK ONLY ONE RACE CATEGORY:

- Caucasian (Not Hispanic or Latino)** *a person having origins in any of the original peoples of Europe, the Middle East or North Africa*
- Black or African American (Not Hispanic or Latino)** *a person having origins in any of the black racial groups of Africa*
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** *a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands*
- Asian (Not Hispanic or Latino)** *a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam*
- American Indian or Alaska Native (Not Hispanic or Latino)** *a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment*
- Two or More Races (Not Hispanic or Latino)** *All persons who identify with more than one of the above five races*

Physicians Plus Insurance Corporation is an equal opportunity and affirmative action employer and considers all applicants for employment based on non-discriminatory, job-related factors.