



EMERGENCY
CARE
CONSULTANTS

Emergency Care Consultants

Medical Scribe Application

ECC is an Equal Opportunity Employer. ECC does not discriminate on the basis of race, religion, color, sex, age, national origin, or disability, or on any basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

I. General Information

Name:	
Local address (street, city, state, zip):	Permanent address (if different):
Home phone number:	Cell phone number:
Email address (preferred method of contact):	
Are you currently an undergraduate student (mark one)? Y_____ N_____	If yes, what is your (expected) graduation date?
Are you applying for FT or PT (mark one): FT_____ PT_____	
I expect to start medical/PA school in 20_____.	
How did you hear about us?	
If hired, are you able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? YES_____ NO_____	
Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? YES_____ NO_____	
If no, describe the functions that cannot be performed:_____	
<i>(Note: ECC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)</i>	

II. Employment History

Name:	Supervisor's Name:
From: To:	Reason for Leaving:
Name:	Supervisor's Name:
From: To:	Reason for Leaving:

III. Education History

Previous College: GPA:	Number of Years Attended: Degree:
Current College: GPA:	Number of Years Attended: Degree:
Post-Graduate: GPA:	Number of Years Attended: Degree:



IV. References (please provide 2)

Name:	Relationship:
Number of Years Known:	Contact Information:
Name:	Relationship:
Number of Years Known:	Contact Information:

V. Questions (please type answers on a **separate page**)

1. Why are you interested in our scribe program?
2. In the past, have you held a job while attending college? If yes, how many hours a week did you work? How many hours per week do you devote to extracurricular activities? If no longer in college, please indicate.
3. What types of skills do you have that would make you a good scribe?

VI. Personal Statement

On a **separate typed page**, please take this opportunity to tell us why you feel you are the best candidate for this job. You can discuss your motivation towards a career in medicine, your prior experience in the healthcare field, your strengths and weaknesses, and what you feel you can bring to the scribe program.

Please make sure that your response is thoughtful and well organized.

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature: _____

Date: _____

To complete the application, please attach the following and send to scribes@eccemergency.com.

1. Completed application (Actual signature required, electronic signatures are not accepted at this time)
2. Current professional resume
3. Complete college transcript (official preferred)
4. Letters of reference (optional, but highly recommended)
5. Screen shot of typing test at www.typingtest.com (optional, but highly recommended)

If you prefer to send your application by mail, please send to:

Ann Guyott
Emergency Care Consultants
2829 University Ave SE, Suite 730
Minneapolis, MN 55414