Application For Employment

Human Resources
2650 Novation Parkway
Madison, Wisconsin 53713

1-800-545-5015 Ext. 74586
(608) 417-4586 (Local)
(608) 327-0327 (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 ______________________ Email: ______________
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: ______________________

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*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 ____

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TRAINING & SKILLS: Check all that apply:

☐ Type/Keyboard _____ wpm
☐ Filing (Alpha/Numeric)
☐ Calculator/Adding Machine
☐ Switchboard
☐ CPT-4, ICD 9 Codes
☐ Transactional System
☐ Medical Terminology
☐ Claims Processing
☐ Supervisory
☐ Call Center
☐ Quality/NCQA
☐ Data Entry
☐ Other (Specify)____

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

____

____

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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 From: To:	Salary Starting: Ending:	Name of Immediate Supervisor

Your Job Title ____

Summarize the nature of work performed and job responsibilities ___________________________________

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____

Reason For Leaving:

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

Your Job Title ____

Summarize the nature of work performed and job responsibilities ___________________________________

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Reason For Leaving:

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

Your Job Title ____

Summarize the nature of work performed and job responsibilities ______________________________

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Reason For Leaving:

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

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Summarize the nature of work performed and job responsibilities ______________________________

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Reason For Leaving:

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

Your Job Title ____

Summarize the nature of work performed and job responsibilities ______________________________

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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 # ____/________

- PLEASE READ CAREFULLY BEFORE SIGNING –

All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin, or ancestry, age, disability, marital status, sexual orientation, religion, creed, genetic information or other characteristic protected by local, state, or federal ordinance, law or regulation. No information on this application will be used for any discriminatory purpose with regard to any such protected class.

I understand that receipt of this application does not guarantee a job interview or offer of employment. I certify that all the information I furnish in my employment application, on related documents, and during any employment interview is true and complete and that I have included any additional information or explanations that may be appropriate. I understand that any false statement by me in this application or in any related document or the omission of any requested information will be cause for rejection of my application or for my dismissal if I have already been employed. ***I authorize the Human Resources Department of Physicians Plus Insurance Corporation ("Physicians Plus") to investigate all statements contained in this application. I also authorize listed employers and references to make full response to any inquiries by the Human Resources Department of Physicians Plus in connection with my application for employment. I release and hold harmless Physicians Plus and any organization that provides information to Physicians Plus in connection with my application for employment from any and all liability for obtaining and providing such information.***

I understand that all employment relationships between Physicians Plus and its employees are terminable at will, meaning that, if I am hired, my employment can be terminated at any time, with or without cause or with or without notice, at my option or at the option of Physicians Plus. I further understand that no employee or agent of Physicians Plus, other than the CEO, is authorized to offer me an employment relationship other than one that is terminable at will.

I understand that, if I am hired, any terms and conditions of my employment and any Human Resources policies that may be issued (whether in an employee handbook or other written document) are not intended to give rise to contract rights and are subject to change by Physicians Plus at any time, with or without notice. I understand that no offer of benefits, such as, but not limited to, a pension plan, insurance, or salary rate is final until it has been reviewed by the Human Resources Department and fully approved by designated authorized Physicians Plus representatives on the appropriate action form.

This application will be kept on active file for six months. Applicants must contact the Human Resources Department if they wish to have their application considered for any specific opening that occurs within that period. After six months, applicants must submit a new application for any position for which they wish to be considered.

I acknowledge that I have read and understand the information set forth above.

____

Applicant's Signature Date Signed

FOR HUMAN RESOURCES USE ONLY

____

Offer made by Date Offered Date Accepted

____

Salary (PG/Step) Starting Date Department

____

Job Title Supervisor

_____ FT _____ PT _____LH _____ On-Call ______Temporary/LTE FTE ________

Earned Time: ER DR XR

Comments

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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*

PLEASE CHECK AS MANY VETERAN CATEGORIES THAT APPLY:

☐ **Disabled Veteran** *([1] A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or [2] was discharged or released from active duty because of a service-connected disability.)*

☐ **Recently Separated Veteran** *(A veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. Military, ground, naval or air service. Please provide date of discharge or release:)* ______________________________

☐ **Armed Forces Service Medal Veteran** *(A veteran, who while serving on active duty in the U.S. military, ground, naval or air service, participated in a U.S. military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.)*

☐ **Other Protected Veteran** *(A veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense. A list of qualifying campaigns and expeditions may be found at: http://www.opm.gov/veterans/html/vgmedal2.asp or call (301) 306-6752 and request a listing.).*

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.