



# Medical Career History Form

The purpose of this form is to gather important information on your background and history. You are not required to furnish any information that is prohibited by federal, state or local law.

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home address \_\_\_\_\_, City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Area code + telephone no. ( \_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_ Cell: ( \_\_\_\_ ) \_\_\_\_\_

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_ Earnings expected \$ \_\_\_\_\_

Part-Time / Full Time (please circle as appropriate)

If Part-Time, number of hours per week you wish to work: \_\_\_\_\_

Available Saturdays and Sunday: Yes / No (please circle as appropriate)

Certifications (ie Board Certifications, ACLS, Specialty Training, etc): \_\_\_\_\_

\_\_\_\_\_

## **I. EXPERIENCE:** (Please start with your present or most recent position)

A. Facility \_\_\_\_\_ Circle one: hospital / clinic / other: \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Area code + telephone no. ( \_\_\_\_ ) \_\_\_\_\_

Department: \_\_\_\_\_ Employed from: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_

Base Salary \$ \_\_\_\_\_

Bonus \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Title: \_\_\_\_\_

Total Initial compensation \$ \_\_\_\_\_ Total Final total compensation \$ \_\_\_\_\_

Supervisory responsibility \_\_\_\_\_

Name & title of immediate supervisor: \_\_\_\_\_

What (do/did) you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What (do/did) you least enjoy? \_\_\_\_\_

\_\_\_\_\_

Reasons for leaving \_\_\_\_\_



**B. Facility** \_\_\_\_\_ Circle one: hospital / clinic / other: \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Area code + telephone no. ( \_\_\_\_ ) \_\_\_\_\_

Department: \_\_\_\_\_ Employed from: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_

Base Salary \$ \_\_\_\_\_

Bonus \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Title: \_\_\_\_\_

Total Initial compensation \$ \_\_\_\_\_ Total Final total compensation \$ \_\_\_\_\_

Supervisory responsibility \_\_\_\_\_

Name & title of immediate supervisor:  
\_\_\_\_\_

What (do/did) you like most about your job? \_\_\_\_\_

What (do/did) you least enjoy? \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

**C. Facility** \_\_\_\_\_ Circle one: hospital / clinic / other: \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Area code + telephone no. ( \_\_\_\_ ) \_\_\_\_\_

Department: \_\_\_\_\_ Employed from: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_

Base Salary \$ \_\_\_\_\_

Bonus \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Title: \_\_\_\_\_

Total Initial compensation \$ \_\_\_\_\_ Total Final total compensation \$ \_\_\_\_\_

Supervisory responsibility \_\_\_\_\_

Name & title of immediate supervisor:  
\_\_\_\_\_

What (do/did) you like most about your job? \_\_\_\_\_

What (do/did) you least enjoy? \_\_\_\_\_

Reasons for leaving \_\_\_\_\_

D. Facility \_\_\_\_\_ Circle one: hospital / clinic / other: \_\_\_\_\_

Address \_\_\_\_\_, City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_ Area code + telephone no. ( \_\_\_\_\_ ) \_\_\_\_\_

Department: \_\_\_\_\_ Employed from: \_\_\_\_\_ (mm/yyyy) To: \_\_\_\_\_

Base Salary \$ \_\_\_\_\_

Bonus \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Title: \_\_\_\_\_

Total Initial compensation \$ \_\_\_\_\_ Total Final total compensation \$ \_\_\_\_\_

Supervisory responsibility \_\_\_\_\_

Name & title of immediate supervisor:

\_\_\_\_\_

What (do/did) you like most about your job? \_\_\_\_\_

\_\_\_\_\_

What (do/did) you least enjoy? \_\_\_\_\_

\_\_\_\_\_

Reasons for leaving \_\_\_\_\_

\_\_\_\_\_

**For other positions held, please cut and paste sections above as needed. It is our policy to contact each employer for a detailed reference. Please indicate here any of the above employers you do not wish contacted:**

\_\_\_\_\_

**II. MILITARY EXPERIENCE** (if applicable):

If in service, indicate branch \_\_\_\_\_ Date (mm/yy) entered \_\_\_\_\_ Date (mo/yr) discharged \_\_\_\_\_

Nature of duties \_\_\_\_\_

Highest rank or grade Terminal rank or grade: \_\_\_\_\_

**III. EDUCATION:**

**College/Graduate/Medical School**

Name & Location	From mm/yy	To mm/yy	Degree	Major	Grade Point Average	Total Credit Hours	Extracurricular Activities, Honors & Award
				(A=____)			
				(A=____)			
				(A=____)			

**Internship** (If applicable)

Facility & Location	From mm/yy	To mm/yy	Specialty

**Residency** (If applicable)

Facility & Location	From mm/yy	To mm/yy	Specialty

**Fellowship** (If applicable)

Facility & Location	Hospital Affiliation	From mm/yy	To mm/yy	Specialty

What undergraduate or medical courses did you like most? \_\_\_\_\_ Why?  
\_\_\_\_\_  
\_\_\_\_\_

What undergraduate or medical courses did you like least? \_\_\_\_\_ Why?  
\_\_\_\_\_  
\_\_\_\_\_

**IV. ACTIVITIES:**

Membership in professional or job-relevant organizations (You may exclude groups that indicate race, color, religion, national origin, disability, or other protected status) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Publications, patents, inventions, professional licenses, or additional special honors or awards \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What qualifications, abilities, and strong points will help you succeed in this job? \_\_\_\_\_  
\_\_\_\_\_

What are your weak points and areas for improvement? \_\_\_\_\_  
\_\_\_\_\_

**V. CAREER NEEDS:**

What are your career objectives? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VI. OTHER:**

- Do you have the legal right to work for any employer in the United States? Yes / No  
If so, explain
- Do you have any restrictions on your professional license that would prevent you from Yes / No  
performing any medical duties? If so, please state here which:
- Advanced Urgent Care is a 7 days a week facility. Are there any days/hours you are not able to work: Yes / No  
If so, please state here which:
- Have you ever been convicted of a crime (other than a minor traffic violation)? Yes / No  
If so, explain

**Please note that it is Advanced Urgent Care’s policy to systematically carry out a background check on all prospective employees.**

**I certify that answers given in this Career History Form are true, accurate and complete to the best of my knowledge. I authorize investigation into all statements I have made on this Form as may be necessary for reaching an employment decision.**

**In the event I am employed, I understand that any false or misleading information I knowingly provided in my Career History Form or interview(s) may result in discharge and/or legal action. I understand also that if employed, I am required to abide by all rules and regulations of the employer and any special agreements reached between the employer and me.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**COMMUNICATION IS CRUCIAL TO SUCCESS, AND IT IS IMPORTANT THAT OUR CANDIDATES HAVE CLEAR AND CONCISE WRITING SKILLS. WE ASK THAT EVERY CANDIDATE HANDWRITE A BRIEF RESPONSE TO THIS QUESTION:**

**WHY ARE YOU CONSIDERING LEAVING YOUR CURRENT POSITION?**