

Tabendi Healthcare Network – Employment Application Form

Bringing Healthcare to the Fingertips of Every Patient, Everywhere

Section 1: Personal Information

- **First Name:** _____
- **Middle Name:** _____
- **Last Name:** _____
- **Date of Birth:** ____ / ____ / ____
- **Social Security Number:** _____
- **Phone Number:** _____
- **Email Address:** _____
- **Current Address:**
Street: _____ Apt: _____
City: _____ State: _____ ZIP: _____

Section 2: Position Details

- **Position Applying For:** _____
- **Available Start Date:** ____ / ____ / ____

Section 3: Education & Training

Highest Level of Education Completed:

- ☐ High School ☐ Associate Degree ☐ Bachelor's Degree
☐ Master's Degree ☐ Doctorate ☐ Certification(s)

- **School/Institution Name:** _____
- **Degree/Certification:** _____
- **Year Completed:** _____

Relevant Training or Certifications (e.g., HIPAA, IT, billing): _____

Section 4: Employment History *(Start with most recent)*

Employer 1

- **Company Name:** _____

- Job Title: _____
- Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____
- Supervisor Name & Contact: _____
- Reason for Leaving: _____

Employer 2

- Company Name: _____
- Job Title: _____
- Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____
- Supervisor Name & Contact: _____
- Reason for Leaving: _____

Employer 3

- Company Name: _____
- Job Title: _____
- Dates Employed: From ____ / ____ / ____ To ____ / ____ / ____
- Supervisor Name & Contact: _____
- Reason for Leaving: _____

Add additional pages for Employment History if needed.

Section 5: Skills & Experience

Please check all that apply:

- ☐ Electronic Medical Records (EMR) / EHR Systems
- ☐ HIPAA Compliance Knowledge
- ☐ Insurance Billing / Claims Management
- ☐ Customer Service / Patient Relations
- ☐ Data Entry / Administrative Support
- ☐ Human Resources / Payroll Systems
- ☐ Scheduling / Appointment Systems
- ☐ IT Help Desk or App Support
- ☐ Marketing / Social Media Management

Languages Spoken: _____

Section 6: References

Provide at least two professional references:

Reference 1

- Name: _____
- Title/Relationship: _____
- Phone: _____
- Email: _____

Reference 2

- Name: _____
- Title/Relationship: _____
- Phone: _____
- Email: _____

Section 7: Background Disclosure

- Have you ever been convicted of a felony? ☐ Yes ☐ No
If yes, please explain: _____
- Are you legally authorized to work in the U.S.? ☐ Yes ☐ No
- Will you consent to a background check and employment verification?
☐ Yes ☐ No

Section 8: Applicant Certification & Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I authorize Tabendi Healthcare Network to verify my employment history, education, and references, and to conduct background checks as required. I understand that misrepresentation or omission may be grounds for dismissal if hired.

I expressly authorize, without reservation, Tabendi Healthcare Network, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, education institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding Tabendi Healthcare Network, its agents, employer representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. I understand that Tabendi Healthcare Network does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or elimination any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.



I UNDERSTAND that this application remains current for one (1) year. At the conclusion of that time, if I have not heard from Tabendi Healthcare Network and still wish to be considered for employment, it will be necessary for me to reapply. If I am hired, I understand that I am free to resign at any time, with or without cause, and with or without prior notice, and Tabendi Healthcare Network reserves the same right to terminate my employment at any time, with or without cause, and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Tabendi Healthcare Network is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Chief Executive Officer (CEO).

I UNDERSTAND that any offer of employment is contingent on my ability to provide proof that I am legally authorized to work in the United States. I understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

Tabendi Healthcare Network does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of race, color, creed, sex, age, religion, ancestry, national origin, sexual orientation, gender identity, marital status, military or veteran status, pregnancy, medical condition, genetic

information, disability or other characteristic protected by law. Tabendi Healthcare Network likewise does not tolerate harassment based on race, color, creed, sex, age, religion, ancestry, national origin, sexual orientation, gender identity, marital status, military or veteran status, pregnancy, medical condition, genetic information, disability or other characteristic protected by law. Any threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that

demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). Tabendi Healthcare Network takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I UNDERSTAND that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from Tabendi Healthcare Network, whenever it is discovered.

I UNDERSTAND that staff of Tabendi Healthcare Network are required to successfully complete a background check which includes (at least) fingerprinting (State (BCII), and /or



Nation (FBI) criminal records), driving record (Bureau of Motor Vehicles Driver's Abstract) and reference checks as required.

I AGREE, in consideration of my employment, to conform to all company rules and regulations and understand that these rules and regulations are subject to change from time to time at Tabendi Healthcare Network's unilateral discretion.

I UNDERSTAND that all employer property must be returned and any indebtedness to the employer must be paid on or before my last day of work. I authorize the employer to deduct from my final paycheck an amount necessary to satisfy any unpaid obligation.

I UNDERSTAND as a final step in the hiring process, I may be subject to a post-offer, pre-employment medical examination. If a job offer is made, it is contingent upon the success of this employment medical examination.

I UNDERSTAND that, if I am conditionally offered employment, I must submit to the background checks I agree to sign all necessary consent forms.

I UNDERSTAND and consent to any and all drug or alcohol testing which I may be subjected to by the employer, whether it is pre-offer, post-offer or at any time during my employment. This testing may be random, mandatory, incident specific or based on the employer's reasonable suspicion. I further understand that my participation in the employer's drug testing program, which includes my signing all necessary consent forms, is a mandatory condition of my employment and that refusal to participate may subject me to discipline, up to and including termination of employment.

I UNDERSTAND that I do not have any expectation of privacy if employed and that all information and data, in any form, paper, electronic or otherwise produced, possessed or reviewed at work is subject to review by the employer.

I UNDERSTAND that anything on company property is subject to search or surveillance, including, but not limited to my person, vehicle, work area, locker, desk, electronic files, and any issued company property.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature: _____

Date: ____ / ____ / ____