



Provider Resources, LLC

### Associate Application for Employment

Please fax completed application to (855) 344 - 1929

Last Name Middle Name or Initial First Name

State(s) Licensed In Medical License(s) # Email Address

Address City State Zip

Home Phone Cell Phone

Position(s) Interested In

How did you hear of this opening?

When could you start?

Please attach CV: Attached Already provided Salary desired: (Please explain any gaps of more than two months between jobs)

Foreign languages you speak fluently?

Which do you Read?

Which do you Write?

Other activities, hobbies, volunteer work, sports, etc.

What experience do you have with computers?

Please list your current or most recent employment information since completing your residency program. (If there been no has employment since residency leave blank.)

Company Name	Your Supervisor's Name and Title	Telephone
When Began Employment	Position	Duties
Pay/Salary	When Left Employment	Reason for Leaving

Questions (You may attach an additional sheet of paper as necessary)

1. Why did you decide on this career?
  
2. Discuss your surgical training. Include a list of surgical procedures in which you are proficient.
  
3. Tell me about some of your most difficult cases.
  
4. Discuss your wound care training
  
5. What was most exciting to you in each year of your residency training?
  
6. What is your practice philosophy?
  
7. What are some of your best accomplishments in podiatry or otherwise?

8. What are your 5 year goals? 10 year?

9. What kind of podiatric practice are you seeking? (medical, surgical, geriatric, children, diabetics, wound care, etc).

10. If you were hired, what would you need and want from me? If you worked here what could I do to help you do your best work?

11. Please describe the best boss you have ever worked for.

12. How do you like supervising others? How do you feel about being supervised by others?

13. Where do you want to live and why?

14. Are you interested in a partnership buy-in in the future?

15. Do you exercise? What type of exercise? How often?

16. What would you like to know about this associate position?

17. Anything else you would the practice to know about you?

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Signature

Date

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