



Emergency Scribe Consultants

A subsidiary of Emergency Care Consultants, PA

Application

I. General Information

Name:	Date of Birth:
Are you applying for FT or PT (mark one): FT_____ PT_____	
Number of years you are available:	Referred by:
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?
I expect to start medical school in 20_____.	

II. Employment History

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

III. Education History

High School: GPA:	Years Attended:
Previous College: GPA:	Years Attended: Degree:
Current College: GPA:	Years Attended: Degree:
Post-Graduate: GPA:	Years Attended: Degree:



IV. References (please provide 3)

Name:	Relationship:
Number of Years Known:	Contact Information:
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 a little bit about yourself, including your strengths and weaknesses. You can discuss what you are currently doing in life, why you want to become a scribe, what you like to do outside of school and work, or anything else you feel is important.

"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, personal or otherwise, 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: _____

Please return completed application and requested additional documents to:

Ann Konrardy
 Emergency Department, Mail code 11112
 Abbott Northwestern Hospital
 800 E.28th Street
 Minneapolis, MN 55407
 ann@eccpa.org