FEMA Scribe Program Application

Personal Informa	ation							
Last Name		First Name		MI	SSN			
Date of Birth		Home Phone Number		Cell Phone Number				
Email Address								
Present Address	Street							
	City			State		Zip Code		
Permanent Address	Street							
*If Different From Above	City			State		Zip Code		
ı								
Scholastic Inforn	nation							
Current School of Attende		cable)						
Year in School		Major	Major GP		PA			
What is your typi	ing spee	d?	words p	er mi	nute			
What languages	, if any, a	ire you fluen	nt in other than	Engli	sh?			
Availability								
List availability tim	es for ea	ch day of the	week*:					
Day of Week		From	Unti	I		* The Emergency Department is operational 24/7 and scribe shifts fall between the hours of 0700 and 0500 the following day. The shortest shift length is 6 hours and the longest is 12. An availability of		
Monday					operational			
Tuesday					0500 the fo			
Wednesday					the longest			
Thursday						less than 6 hours a day or one without weekend availability, will not		
Friday					be consider	be considered.		
Saturday								
Sunday								
Are you applying	to work:							
	_Summe	ers only	Year Round		_Semesters	s only		
• • • • • • • • • • • • • • • • • • • •	•		orefer? (Shifts per week (4-5	•		2 hours in length) on average)		

Part-time: 18-34 hours per week (2-3 shifts per week, on average)

Would you be able to commit to a year's employment with the FEMA scribe program? Y/

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Activities & Extracurriculars				
Activity Name	Years of Involvement			
Description, Honors, Awards, & Positions				
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Description, Honors, Awards, & Positions				

Employment History (list most recent first)					
Employer and Location		Dates of Employment			
Position Held and Job Description					
Supervisor Name	Employer Phone Number				
Was the conclusion of your employment with this es	tablishment voluntary	/ involuntary ?			
May we contact this employer? Y / N					
Employer and Location		Dates of Employment			
Position Held and Job Description					
Supervisor Name	Employer Phone Number				
Was the conclusion of your employment with this es	tablishment voluntary	/ involuntary ?			
May we contact this employer? Y / N					
Employer and Location		Dates of Employment			
Position Held and Job Description					
Supervisor Name	Employer Phone Number				
Was the conclusion of your employment with this es	tablishment voluntary	/ involuntary ?			
May we contact this employer? Y / N					
Have you ever worked for Mary Washington	Healthcare or Med	licorp previously? Y/N			
Have you ever been a scribe before? Y/N					
How did you hear about our program?					
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References

Please provide three references and include at least 1 academic and 1 professional. Personal references are not recommended. Be sure to include full names, phone numbers, email addresses, and relationship to you.

Essay Question

In the space below, provide a short essay to respond to the following scenario. You hav an intensive workload for classes for this week with scheduled exams, but you've also been scheduled several 12 hour scribing shifts for the week. How would you balance your responsibilities and budget your time?

Supplemental Information

Please briefly respond to the following questions/statements on the supplemental information page.

- 1) Describe any past experiences in the medical field.
- 2) Why do you want to become a scribe? What are your career aspirations?

3) Note any classes you've taken that apply to medicine. Which was your favorite? Why?

to the best of your knowledge, as well a or significant omissions will disqualify y and would be justification for dismissal date. Your signature also indicates you	information contained on this application is true as your acknowledgement that false information ou from further consideration for employment from employment, even if discovered at a later ragreement to allow a criminal background arg Emergency Medical Alliance, Inc. and
Signature	Date

Fredericksburg Emergency Medical Alliance, Inc does not discriminate on the basis of race, sex, creed, age, disability, sexual orientation, or national or ethnic origin.