



Employee Application Form

Name: _____ Date: _____

Phone: _____ Social Security # _____

Address: _____

In case of emergency, contact: _____

Typing Speed _____ WPM Transcription Experience?: Yes ___ No ___

Describe: _____

Where: _____

How Long: _____

Are You Familiar with: Medical Terminology Yes ___ No ___ Time Code: Yes ___ No ___

Describe: _____

How Long: _____

Total Hrs. per Week Desired: ___ Hrs. Available in Office: ___, Hrs. Available at Home: ___

Approx. Earnings per Hour Expected: _____

HOME EQUIPMENT - Type of Computer _____

E-mail: Yes ___ No ___ Internet Access: Yes ___ No ___

Do you have experience with digital audio files and FTP sites: Yes ___ No ___

Transcribing Machine, Equipment & Software: _____

Comments: _____

For office use only