

Guilford Medical and Dental Managers

RESUME RESOURCE SERVICE APPLICATION

Mail to:

Barbara Buie Keeler
Pediatric Sub-Specialists of Greensboro
301 E Wendover Avenue Ste 311
Greensboro, NC 27401
336-272-6161
336-230-2150 Fax

I authorize Guilford Medical and Dental Managers and its agent, Barbara Buie Keeler, to release my resume to member practices and to contact previous employer references.

I understand that this service is a courtesy provided to member and associate members offices and that Guilford Medical and Dental managers is under no obligation to forward my resume to any potential employers. I understand Guilford Medical and Dental Managers is not a personnel or placement service.

Each resume will be discarded at the end of sixty (60) days unless I contact Barbara Buie Keeler and request that it continue on file an additional sixty (60) days.

Signature _____ Date _____

Applicant Name _____

Address _____ City _____

Telephone _____ Best time to call _____

Email _____

Type of Position: Full Time _____ Part Time _____

Front Desk _____ Transcription _____ Insurance/Billing _____ Management _____

Medical Records _____ Medical Assistant _____ Radiology _____ RN/LPN _____

Lab _____ Therapy _____ Dental Hygienist _____ Dental Assistant _____

Previous Medical/Dental Experience _____

Referred to Resume Service by _____

Please attach a copy of your resume to this form if available. Thank you.