CERTIFIED PROFESSIONAL CODER POSITION

Date and Initial Upon Completion: ____________________________ Taken by: __________________________

_____Emailed/Mailed/Faxed Résumés _____Emailed Applicants _____Mailed Blind Copy

Status Update: ____________________________________________

Company Name: ____________________________________________

Address: ____________________________________________________

Telephone: ______________________________ FAX Number: ____________________________

Contact Person: ____________________________________________ E-mail _______________________

Referrals: _____ Extern _____ High School __________ Website: ___________________________

Date of Order: ____________________________

Occupation: ____________________________ City/Town: __________________________

Skills: Code - Required (R) or Preferred (P)

| Typing (_______ wpm) | Calculator (_______ kpm) | Windows (_____) | DOS |
| Filing | Telephone (_______ lines) | Spreadsheet (_______) |
| Proofreading | Customer Service | Database (_______) |
| Billing Skills | Insurance Experience | Word Processing (_______) |
| Computerized Accounting | Machine Transcription | Data Entry |
| Medical Terminology | Coding Experience |

Other Skills Needed: ____________________________

Duties: ____________________________________________

__________________________________________________

Special Requirements: ____________________________

_________________________________________________

Work Schedule: ___ Full Time _____ Part Time _____ Permanent _____ Temporary

Hours/Days: ____________________________________________

If part time, may it become full time? ___ Yes ___ No If temporary, permanent? ___ Yes ___ No

Base Salary per hour: $ ____________________________

Benefits: Code - Company Paid (C), Participatory (P), or None (N)

| Health | Vacation/Holidays | Other: ____________________________ |

It is the policy of the Adult Education Office to forward résumés that match the job order to the employer for review. The employer will contact individuals they wish to interview for the position.

How should applicants respond if different from our policy? __________________________________________________________________________

Person to Contact: Josi Weaver-Kranz jweaver@wcscc.org __________

10/08