

EMPLOYMENT APPLICATION

DIRECTIONS: Respond to ALL questions. If a particular question does not apply to you or to the position for which you are applying, write N/A in the appropriate blank. PLEASE PRINT CLEARLY. Incomplete applications will not be considered.

EQUAL OPPORTUNITY EMPLOYER: MedWork, LLC will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, citizenship status, disability, handicap or any other legally protected category. Any information received about the applicant will not be used for impermissible purposes.

APPLICANT INFORMATION												
Last Name		First		M.I.	Date							
Street Address					Apartment/Unit #							
City				State			ZIP					
Phone				E-mail Address								
Date Available				Social Security No.			Desired Salary					
Position Applied for					Full Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	PRN	<input type="checkbox"/>	Temporary	<input type="checkbox"/>
How did you hear of job?												
Are you a citizen of the United States?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>			
Have you ever worked for this company?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If so, when?							
If under 18 years of age, do you have a work permit?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>								
Have you ever been convicted of a felony?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, explain							
LICENSE OR CERTIFICATION												
Type	State	Date Received	Last Renewal	Certificate Number								
					Examination	<input type="checkbox"/>						
					Reciprocity	<input type="checkbox"/>						
					Examination	<input type="checkbox"/>						
					Reciprocity	<input type="checkbox"/>						
					Examination	<input type="checkbox"/>						
					Reciprocity	<input type="checkbox"/>						
EDUCATION												
High School				City/State								
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree			
College				City/State								
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree			
Other1				City/State								
From		To		Did you graduate?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Degree			

PREVIOUS EMPLOYMENT			
1. Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Please check the box that best describes your attendance during your employment. Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
2. Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Please check the box that best describes your attendance during your employment. Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
Please check the box that best describes your attendance during your employment. Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/>			
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES			
Please list three professional references.			
1. Full Name		Relationship	
Company		Phone	
Address			
2. Full Name		Relationship	
Company		Phone	
Address			
3. Full Name		Relationship	
Company		Phone	
Address			

DISCLAIMER AND SIGNATURE

I understand that this employment application and any other Company documents are not contracts of employment, express or implied, and that if hired, I may voluntarily leave employment or be terminated by the Company at any time and for any reason, with or without cause. I understand that any oral or written statements to the contrary are hereby expressly disavowed and will not be relied upon by me. I give the Company and its agents permission to enter the information I provide on this application into electronic information systems used by the Company. The information given by me is certified to be true and complete for all practical purposes and it may be verified by MedWork, LLC. Should a position be offered and later it is found that the information is untrue, incomplete or misrepresented, I understand and agree that MedWork, LLC is relieved of all commitments, financial or otherwise, pertinent to employment, and that I am subject to immediate discharge without recourse. I also understand that I may be offered employment conditioned on my successfully passing criminal and/or other background checks and/or drug test and/or physical exam to the satisfaction of the Company.

INVESTIGATION INFORMATION RELEASE AUTHORIZATION

I understand that MedWork, LLC may require a thorough pre-employment background investigation. This investigation is limited to only that information required to determine fitness for employment and may include, but is not limited to: employment history verification, job performance, disciplinary record, financial/credit history and a criminal background investigation. By signing this document, **I agree to hold harmless** any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

Signature of Applicant

Date

For Office Use Only				
Date Application Received:		On Line <input type="checkbox"/>	By Mail <input type="checkbox"/>	In Person <input type="checkbox"/>
Applicant Contacted	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	By:
Comments:				
Interviewed Scheduled	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	
Interview Date:			Interviewed By:	
Comments:				
Interview Date:			Interviewed By:	
Comments:				
Final Action Taken: Filed <input type="checkbox"/>			Hired <input type="checkbox"/>	HR Signature: