

MED-SOUTH AND AFFILIATES

Employment Application

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Human Resource Department. An equal opportunity employer.

APPLICANT INFORMATION- PLEASE PRINT												
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												
Employment Desired?	Full- Time <input type="checkbox"/>	Part-time <input type="checkbox"/>	Temporary <input type="checkbox"/>	Seasonal <input type="checkbox"/>	Educational Co-Op <input type="checkbox"/>							
May we contact you at work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes number and best time to call?				AM <input type="checkbox"/>	PM <input type="checkbox"/>				
Are you over 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you on lay-off and subject to recall?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Are you legally eligible for employment in this country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you relocate if job requires it?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Will you travel if job requires it?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you able to meet the attendance requirements of the position?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Will you work overtime if required?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been bonded?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever filed an application here before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
Have you ever been convicted of a crime? (A conviction does not bar you from employment. Information will be used only for job-related purposes.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain									
State names of any relatives in our employ and your relationship to them.												
EDUCATIONAL BACKGROUND												
High School					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
College					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
Other					Address							
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree					
<p>Skills and Qualifications- Summarize any special training, skills, license or certifications and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position for which you are applying.</p>												

EMPLOYMENT HISTORY- LIST YOUR EMPLOYERS, STARTING WITH THE MOST RECENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>			

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>			

Comments (including explanation of any gaps in employment.)

LANGUAGE – LIST ANY FOREIGN LANGUAGE(S) YOU KNOW AND CHECK THE BOX THAT DESCRIBES YOUR SKILL LEVELSPEAK SOME SPEAK FLUENTLY READ WRITE SPEAK SOME SPEAK FLUENTLY READ WRITE SPEAK SOME SPEAK FLUENTLY READ WRITE **MILITARY SERVICE RECORD**Have you ever served in the U.S. Armed Forces? YES NO

If yes, list the branch of service and duties, including special training that is relevant to the position for which you have applied.

REFERENCES*Please list three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list school or personal references who are NOT related to you.*

Full Name		Relationship		Years Known	
Company		Phone			
Address					
Full Name		Relationship		Years Known	
Company		Phone			
Address					
Full Name		Relationship		Years Known	
Company		Phone			
Address					

ADDITIONAL INFORMATION

List special accomplishments, publications, awards or volunteer activities (exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

Pre-employment Statement

(Please read carefully and sign the statement below)

I understand and agree that:

1. The employer is an Equal Opportunity Employer. The employer does not discriminate and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.
2. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
3. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interview, can be justification or refusal of employment, or if employed termination from Company employed.
4. Any offer of employment I may receive from the Company is contingent upon successful completion of the company's total pre-employment screening process including the company receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the company may require.
5. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screen at any time at the discretion of the Company. I hereby consent to having the results of such alcohol or drug screening that I may be required to undergo disclosed to the Company.
6. In processing my application for employment, the company may verify all the information provided by me, or may procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I understand that upon written request to the company, I will be informed whether an investigative consumer report was requested and given full information as to the nature and scope of this investigation.
7. I authorize and request that all of my present and former employers and those individuals I have listed as personal or professional references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
8. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the Company, other than the President, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by the President.

Signature: _____ Date: _____