

POSITION APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_



### Application for Employment

MedAmerica maintains a policy of non-discrimination with all employees and applicants for employment. All aspects of employment within the company are governed on the basis of merit, competence, qualifications, and needs of the business and will not be influenced in any manner by race, color, religion, sex, age, national origin, ancestry, disability, pregnancy, HIV/AIDS status, marital status, medical condition, sexual orientation, gender identity, or veteran status.

MedAmerica is obligated by Federal law to comply with the Immigration and Naturalization Act of 1986. If an offer of employment is made, within three days of your hire you will be required to supply MedAmerica with authentic documents that prove your legal right to work in the United States and fully complete an INS I-9 form.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First MI

Address \_\_\_\_\_  
Street City State Zip Code

Telephone Number Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_ Have you ever worked here before?  Yes  No

Have you ever previously applied for employment with, or worked for, this company?  Yes  No  
If so, please list the dates and jobs in which you worked or for which you applied? \_\_\_\_\_

If you have used a different name please state all names used and dates during which you used them.  
\_\_\_\_\_

List any friends or relatives who have worked in the past and/or are currently working here:  
\_\_\_\_\_

Wage or salary desired \$ \_\_\_\_\_ per \_\_\_\_\_ When can you start? \_\_\_\_\_

If an offer of employment is made and you are under 18, can you submit a work permit?  Yes  No

If there are any hours or days you cannot work please list. \_\_\_\_\_

Are you willing to work overtime, as required?  Yes  No

Have you ever been involuntarily terminated or asked to resign?  Yes  No If yes, please explain.  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of a crime?  Yes  No

*Note: An applicant will not necessarily be disqualified for employment because of a conviction. MedAmerica will consider the date, nature and gravity of the conviction for its relevancy, if any, to the duties of the position applied for*

If yes, please state the nature of the conviction (please exclude misdemeanor convictions for the use of marijuana which are more than two years old, convictions that have been sealed or removed from your record, referrals to and participation in any pretrial or post trial diversion program, and convictions for which probation was completed and the case dismissed).  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION AND TRAINING

High School	Address
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College or University	Address
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Degree/Major	Dates	Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
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College or University	Address
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Degree/Major	Dates	Did you Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No
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## WORK HISTORY

May we contact your present employer?  Yes  No

Most Recent Employer	Position	Dates
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Address	Phone
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Supervisor and Title	Starting Salary	Ending Salary	Reason for leaving
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Description of Duties
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Previous Employer	Position	Dates
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Address	Phone
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Supervisor and Title	Starting Salary	Ending Salary	Reason for leaving
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Description of Duties
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Previous Employer	Position	Dates
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Address	Phone
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Supervisor and Title	Starting Salary	Ending Salary	Reason for leaving
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Description of Duties
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Previous Employer	Position	Dates
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Address	Phone
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Supervisor and Title	Starting Salary	Ending Salary	Reason for leaving
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Description of Duties
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**PROFESSIONAL REFERENCES**

Please list at least three professional references. Your references must include 2 former direct supervisors. The other reference can be subordinates, clients or people with whom you have had a working relationship. Please do not include relatives.

Name	Company/Title	Phone Number	Relationship

**AUTHORIZATION TO RELEASE INFORMATION**

As an applicant for a position with MedAmerica, I have been asked to furnish information for use in reviewing my background and qualifications. For this purpose, I hereby authorize the investigation of my past and present work (including verification of my salary) character, education, military and police records to ascertain any and all information which may be pertinent to MedAmerica.

I hereby release all persons, firms, agencies or companies, whomsoever, from damages of any kind resulting from the release of information regarding my previous employment. Thank you for your assistance.

Paragraph 1 will be valid for three (3) months from the date of my signature below. Paragraph 2 is valid forever more. You may request a copy for your files.

Signature \_\_\_\_\_ Date \_\_\_\_\_

I UNDERSTAND THAT THIS APPLICATION DOES NOT CONSTITUTE AN OFFER OF EMPLOYMENT. I UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT AT MEDAMERICA WILL HAVE NO SPECIFIED DURATION, AND I AGREE THAT MY EMPLOYMENT WITH MEDAMERICA WILL BE AT-WILL. THIS MEANS THAT EITHER MEDAMERICA OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME FOR ANY REASON AT ALL, WITH OR WITHOUT NOTICE. THIS AT-WILL EMPLOYMENT RELATIONSHIP CANNOT BE AMENDED, CHANGED, ALTERED, OR ABOLISHED EXCEPT IN WRITING AND SIGNED BY THE CHIEF EXECUTIVE OFFICER OF MEDAMERICA.

I CERTIFY THAT THE ANSWERS THAT I HAVE GIVEN TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE AND CORRECT WITHOUT SEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I AGREE THAT MEDAMERICA SHALL NOT BE LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF FALSE OR INCORRECT STATEMENTS, ANSWERS, OR OMISSIONS MADE BY ME IN THIS APPLICATION. I UNDERSTAND THAT ANY MISSTATEMENTS OR OMISSIONS OF INFORMATION ARE GROUNDS FOR DENIAL OF EMPLOYMENT, AND IF HIRED, FOR DISMISSAL.

Signature \_\_\_\_\_ Date \_\_\_\_\_