

# Employment Application

Name:		E-mail Address:
Other Names Used:	Current Phone #:	Permanent Phone #:
SS #:	Cell Phone #:	Fax #:
Permanent Address:		
City/State/Zip:		
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about us? (Referral Name)		

## Education

School Name (Use full name, no abbreviations)	City/State	From	To	Graduated? Y/N	Degree Received	Major/Minor Fields of Study	Grade Point Average
High School							
College or University							
Military or Tech School							
Other							

Position you are applying for: \_\_\_\_\_ Start date: \_\_\_\_\_

Are you interested in:  Part-time  Full-time  Temporary

Current Salary: \$ \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

## Employment History - List most recent employment first. Explain all breaks in employment below.

May we contact your current employer?  Yes  No

Employer's Name: _____	Employed from (Mo/Day/Yr): _____ to _____
Address: _____	City: _____ State _____ Zip _____
Starting Position: _____	Last Position: _____ Base Salary: \$ _____ per
Job Duties: _____	
Supervisor's Name and Title: _____	Reason for Leaving: _____
_____	
<hr/>	
Employer's Name: _____	Employed from (Mo/Day/Yr): _____ to _____
Address: _____	City: _____ State _____ Zip _____
Starting Position: _____	Last Position: _____ Base Salary: \$ _____ per
Job Duties: _____	
Supervisor's Name and Title: _____	Reason for Leaving: _____
_____	
<hr/>	
Employer's Name: _____	Employed from (Mo/Day/Yr): _____ to _____
Address: _____	City: _____ State _____ Zip _____
Starting Position: _____	Last Position: _____ Base Salary: \$ _____ per
Job Duties: _____	
Supervisor's Name and Title: _____	Reason for Leaving: _____
_____	
<hr/>	
Explain Breaks in Employment: _____	
_____	

## Employment Application cont.

Have you ever been convicted of a criminal offense (other than a Minor Traffic Violation)?  Yes  No

Have you ever or are you in the process of filing for bankruptcy?  Yes  No

If you answered "Yes" to these questions, please describe in the area below (reason, date, place, etc...) Answering "Yes" does not automatically disqualify you.

---



---



---



---

### References:

List former supervisors not previously shown or others familiar with your work — exclude relatives. List references we may contact.

Name	Occupation	Address	Telephone
Name	Occupation	Address	Telephone
Name	Occupation	Address	Telephone
Name	Occupation	Address	Telephone

### Declaration:

The information on this application is accurate and subject to verification by Medical Solutions, Inc. I understand the furnishing of any misleading or incorrect information will render this application void and will be just cause of termination in the event of my employment. I hereby give permission to Medical Solutions, Inc., or its duly authorized representative, to contact any persons or companies named in this application, and/or educational references, other than my present employer. I further agree to cooperate in such an investigation and release from all liability or responsibility all persons, companies or corporations supplying such information.

I understand that it is Medical Solutions' policy to respect the rights of other companies in their confidential and proprietary information. In keeping with this policy, I hereby confirm that I understand this policy and I agree that I will not disclose or use, in connection with my employment with Medical Solutions any confidential or proprietary information of a former employer that is not publicly available from another source.

It is understood that my employment is AT WILL and either the company or I may terminate employment at any time with or without cause. No representative of Medical Solutions, other than the President or designated officer of the Company, may enter into any agreement for employment for any specified period of time or make any agreement contrary to the above statement.

If an offer of employment is made, I understand that I will be asked to submit to a criminal background check, credit check and a 10-panel drug screen prior to my first day of employment.

Printed Name: \_\_\_\_\_

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

## Equal Employment Opportunity

Medical Solutions is committed to provide equal employment opportunity to all qualified persons in all job classifications in recruitment, selection and promotion without regard to gender, race, color, religion, age, national origin, veteran status or handicap. Completion of this form will assist us in complying with Federal regulations and data submission to the EEOC (Equal Employment Opportunity Commission.)

*Again, completion of this information is VOLUNTARY and is not considered in employment decisions. This form will be kept separate from the employment application. This form and your employment application are confidential.*

---

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

---

### Check All That Apply:

#### Gender:

Male  
 Female

#### Race/Ethnic Group (with descriptions defined by the EEOC):

- White - not Hispanic origin**  
(a person having origins in any of the original peoples of Europe, the Middle East or North Africa)
- Black or African American - not Hispanic origin**  
(a person having origins in any of the black racial groups of Africa)
- Hispanic or Latino**  
(a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race)
- Asian - not Hispanic or Latino**  
(a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam)
- Native Hawaiian or Other Pacific Islander - not Hispanic or Latino**  
(a person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands)
- American Indian/Alaskan Native**  
(a person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment)
- Two or More Races - not Hispanic or Latino**  
(all persons who identify with more than one of the above races)

---

\* If you are unable to submit the application by using the "Submit Form" button below, please save the PDF to your computer desktop by clicking the disc icon located at the top left of this form, next to the printer icon and send as an attachment to [Christy.Johnston@MedicalSolutions.com](mailto:Christy.Johnston@MedicalSolutions.com)