

AllSafe Medical Group

APPLICATION FOR EMPLOYMENT

Please print and complete all portions of this application ("See Resume" will not be acceptable).

Full Name _____ Date _____

Last

First

Middle

Social Security No. _____ Phone () _____

Address _____

Street

City

State

Zip

List Other Names you have used _____

If you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give date _____

Position applied for _____

Have you ever been employed here before? Yes No

If yes, give date _____

Position held _____

Under what name? _____

Are you employed currently? Yes No

Can you, after employment, submit verification of your legal right to Work in the United States? Proof of citizenship or immigration status will be required upon employment Yes No

Have you been convicted of a criminal offense (felony or misdemeanor)? Yes No
(A conviction of any offenses will not necessarily be a bar to employment.)

If yes, please explain _____

Position applied for _____ Salary Desired \$ _____

On what date would you be able to start to work? _____

Are you able to work Full time Part time Per Diem Weekend Temporary

Duration _____

Which sites are you able to work? Any or Specify _____

What shifts are you able to work? Days Afternoons Evenings Nights

What days are you able to work? M Tu W Th F S Su

Referral Source Advertisement Walk-In Other

Name of source _____

List Names of relatives employed by _____

Name	Location	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

WORK EXPERIENCE – Please list the last 10 years of work experience beginning with most recent position. Please use attached sheet if you need additional space.

May we contact your present employer prior to extending an offer of employment? Yes No

Company Name _____ Telephone () _____ Ext. _____

Address _____ Street _____ City _____ State _____ Zip _____

Type of business _____ Employed from _____ to _____

Immediate Supervisor's Name _____ Immediate Supervisor's Title _____

Salary: Beginning \$ _____ Final \$ _____ Title _____

Duties _____

Reason for leaving _____

Company Name _____ Telephone () _____ Ext. _____

Address _____ Street _____ City _____ State _____ Zip _____

Type of business _____ Employed from _____ to _____

Immediate Supervisor's Name _____ Immediate Supervisor's Title _____

Salary: Beginning \$ _____ Final \$ _____ Title _____

Duties _____

Reason for leaving _____

Company Name _____ Telephone () _____ Ext. _____

Address _____ Street _____ City _____ State _____ Zip _____

Type of business _____ Employed from _____ to _____

Immediate Supervisor's Name _____ Immediate Supervisor's Title _____

Salary: Beginning \$ _____ Final \$ _____ Title _____

Duties _____

Reason for leaving _____

EDUCATION (Circle years completed)

	<u>School</u>	<u>Location</u>	<u>Major</u>	<u>Degree</u>
High School	1 2 3 4			
Trade/Vocational School	1 2 3 4			
College	1 2 3 4			
Graduate School	1 2 3 4			

Special skills and qualifications and any honors received:

Summarize special skills and qualifications acquired from employment or other experience. State any additional information you feel may be useful to us in considering your application.

List Computer skills

Typing _____

Professional Licenses and Certifications (include Driver's License if job related)

<u>Type</u>	<u>State</u>	<u>Issue Date</u>	<u>Expiration Date</u>	<u>Number</u>

Indicate languages other than English that you speak, read, and/or write.

	<u>Fluent</u>	<u>Good</u>	<u>Fair</u>
Speak			
Read			
Write			

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omission of information may cause immediate dismissal or rejection of the application. I authorize investigation of all statements contained in this application for employment decision, except as expressly stated in writing herein.

I understand that in the event that I am employed by Allsafe Medical Group or any of its subsidiaries or divisions thereof, such employment is on an at-will basis and may be terminated at any time, with or without notice at the option of either the employer.

While supervisors and managers have certain hiring authority, no representative of this organization has any authority to enter into any expressed or implied agreement for continued or long-term employment. In addition no representative of this organization may alter the at will policy or make commitments or promises or assure any benefit terms and conditions of employment.

Signature of Applicant

Date