

AllSafe Medical Group

APPLICATION FOR EMPLOYMENT

Full Name _____ Date _____
Last First Middle
 Social Security No. _____ Phone () _____
 Address _____
Street City State Zip
 List Other Names you have used _____

Have you filed an application here before? Yes ☐ No ☐
If yes, give date _____
Position applied for _____

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 ☐

If yes, please explain _____

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

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

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

Name of source _____

Name	Location	Relationship
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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.

	Fluent	Good	Fair
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 employee.

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