



# MID-CITIES MEDICAL

## Application for Employment (CA)

The failure to completely answer each question will prevent further processing of this application

Last Name, First Name and Middle Initial			Driver License # & State Issued		
Home Address (Street number or Rural Route)			Telephone		
City	State	Zip Code	Alternate Telephone		

<b>In Case of an Emergency</b>
Name: _____
Relationship: _____
Phone Number: _____

<b>Military Service Record</b>
Branch of Service: _____
Discharge Date: _____
Discharge Rank: _____

School Level	Name of School	City/State	# of Yrs/Hrs	Degree
High School				
College				
University				
Trade School				

Desired Position	When are you available to start?	Expected Salary
Are You Employed Now? _____ May We Contact Your Current Employer? _____		

Based upon the position you desire is there any reason that you are not able to perform the duties required with or without accommodation?

YES \_\_\_\_ NO \_\_\_\_

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### Personal References:

Name	Complete Address	Phone Number	# of Yrs Known

**Former Employers:** (list most recent first)

Name:	Company Phone Number:	
Full Address:		
Start Date:	End Date:	Job Title:
Supervisor:	May we contact?	Salary :
Reason for leaving:		
Description of job duties:		

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Full Address:		
Start Date:	End Date:	Job Title:
Supervisor:	May we contact?	Salary :
Reason for leaving:		
Description of job duties:		

Name:	Company Phone Number:	
Full Address:		
Start Date:	End Date:	Job Title:
Supervisor:	May we contact?	Salary :
Reason for leaving:		
Description of job duties:		

I hereby authorize investigation of all information concerning my previous employment and any pertinent information personal and otherwise, and release all parties from liability for any damage that may result from furnishing same to Mid-Cities Home Medical/HomePoint Home Medical Company. I declare that all statements contained in this application are true and correct, and I understand that false or inaccurate information will be the basis for dismissal. I hereby declare that I have legal status to work in the United States.

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**Applicant's Signature**

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**Date**

This application shall remain current for only thirty (30) calendar days. After that time, if you have not heard from Mid-Cities Medical and still wish to be considered for employment, it will be necessary for you to fill out a new application.