



MID-CITIES MEDICAL

Application for Employment

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

In Case of an Emergency
Name: _____
Relationship: _____
Phone Number: _____

Military Service Record
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? _____	

Do you currently have any criminal charges pending against you? _____ If yes, please explain:
Have you ever been convicted of a Felony? _____ If yes, please explain:
Have you ever been convicted of a misdemeanor? _____ If yes, please explain:
Have you ever been given Deferred Adjudication? _____ If yes, please explain:

A "yes" answer to any of above will not necessarily exclude you from consideration.

Under the Federal Statutes, an employer has the right to make reasonable pre-employment inquiries into your ability to perform job-related functions. Many of the job assignments require strenuous physical labor for sustained periods of time or highly developed communication skills. The information you give below is for the limited purpose for our management to determine your ability to perform the job related functions.

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

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:			

Name:		Company Phone Number:	
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.

Applicant's Signature

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.