



Employment Application

Thank you for applying for employment at MedFirst Staffing (“MedFirst” or “Company”). In order to process your application, please answer all questions. Resumes are not accepted in lieu of completion of this application. If you have a current resume, please attach to this application. Complete your name and Social Security number exactly as they appear on your Social Security card. This application was designed to be used with several types of job positions, so some questions may not be completely applicable to the job position you are seeking. However, we ask that you answer all questions.

Date _____ Social Security # _____ - _____ - _____ How did you hear of us? _____
 First Name: _____ Middle Initial _____ Nickname _____
 Last Name _____ Email Address: _____
 Address _____ Apt. # _____ City _____ State _____ Zip _____
 Home Phone () _____ Alt Phone () _____
 Emergency Phone () _____ Notify In Case of Emergency _____
 Employment Interest: Full Time Part Time Temporary Temporary to Hire Direct Hire
 Availability: Days (Please circle) Mon Tues Wed Thurs Fri Sat Sun Available Shifts 1st 2nd 3rd
 Position Desired: 1st Choice: _____ 2nd Choice: _____
 Have you ever applied with or been employed with MedFirst before? Yes No If Yes, give date: _____

EDUCATIONAL DATA

| School | Print Name, City and State for Each School | # of Years Completed | Month/Year Graduated | Diploma, Degrees Received |
|------------------|--|----------------------|----------------------|---------------------------|
| High School | | | | |
| | | | | |
| College or Trade | | | | |
| | | | | |
| Other | | | | |
| | | | | |

LICENSURE

(Include all photocopies of all licenses held)

| State | License | Exp. Date | State | License | Exp. Date |
|-------|---------|-----------|-------|---------|-----------|
| | | | | | |
| | | | | | |

CERTIFICATIONS

(Include all photocopies of all certifications held)

Choose One:

Certified Registered Registry Eligible Other _____

Certificate/Registration and Number: _____ Exp. Date: _____

Has your professional license or certificate ever been investigated or suspended? Yes No

If yes, please explain: _____

Have you ever been named as a defendant in a professional liability action? Yes No

If yes, please explain: _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No (Driving under the influence is not considered a minor traffic violation.)

If yes, please explain: _____

Can you submit verification of your legal right to work in the U.S.? Yes No

If no, please explain: _____

EMPLOYMENT RECORD

PREVIOUS JOBS: Account for all time periods including unemployment, self-employment and military service. Please document reasons for periods you were not employed. For additional space please attach a separate sheet to this application.

| |
|---|
| Facility/Employer: _____ Dept./Unit _____ Street Address _____ City _____ State _____ Zip _____ Dates employed: From _____ To _____ Reason for leaving _____ Position held _____ Specialty _____ Supervisor's name and title _____ Phone _____ Salary: Starting _____ Ending _____ Job Duties _____ Travel Assignment? <input type="radio"/> Yes <input type="radio"/> No Staffing Agency? <input type="radio"/> Yes <input type="radio"/> No |
| Facility/Employer: _____ Dept./Unit _____ Street Address _____ City _____ State _____ Zip _____ Dates employed: From _____ To _____ Reason for leaving _____ Position held _____ Specialty _____ Supervisor's name and title _____ Phone _____ Salary: Starting _____ Ending _____ Job Duties _____ Travel Assignment? <input type="radio"/> Yes <input type="radio"/> No Staffing Agency? <input type="radio"/> Yes <input type="radio"/> No |
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Other names under which you have been employed (i.e. maiden name) _____

Please explain any additional qualifications, education or training, including medication courses: _____

Are you CPR certified? Yes No Date: _____ Source of training: _____

APPLICANT'S STATEMENT

I understand that misrepresentation, omission of facts, or incomplete information requested may result in my not being considered for employment.

I certify all statements given herein are true and complete and, if employed, I understand that false and misleading statements given in my application or interview(s) may result in dismissal, regardless of the time they are discovered.

I authorize investigation of all statements contained in this application and any attachments for employment including contact of my previous employers, verification of education, a criminal background check, driver's license history and any other information as may be necessary in arriving at an employment decision. I hereby release the Company and all persons and organizations from any and all claims and liability of any kind arising from such investigation or the supplying of information as part of such process.

I understand that employment is conditional upon my passing a drug screen. I agree to submit to a screening test prior to employment and, if employed, from time to time during the course of my employment whenever requested by the Company.

If employed I understand that my employment is for no definite period. I understand and agree that any company documents including written personnel policies or employee handbooks now in effect, or to be issued at any later time, are not contracts of employment for a definite duration and that my employment is at-will, which means that either I or the Company can terminate the employment relationship at any time for any reason. I further understand that only the President of the Company has any authority to enter into any agreement for employment with me for any specified period of time; that such agreement must be in writing and signed by the President; and that all other statements to the contrary, whether oral or written, are of no force and effect.

Applicant Signature

Date