



Employment Application

Family of Medical Services

Date: _____

Applicants are considered for all positions sought without regard to race, color, religion, sex, national origin, age, veteran status, or protected disability.

PERSONAL INFORMATION

Name: _____ MI _____ Social Security #: _____ - _____ - _____

Present Address: _____ STREET _____ APT# _____ CITY _____ STATE _____ ZIP CODE _____

How long at present address? _____ Phone: (_____) _____ Email: _____

Previous Address: _____ STREET _____ APT# _____ CITY _____ STATE _____ ZIP CODE _____

How long at previous address? _____ Are you legally eligible for employment in US? yes no

Other Names Under Which You Have Worked: _____ ; _____ ; _____

Are you at least 18 years of age? yes no If NO, please state your age: _____

EMPLOYMENT INFORMATION

Position applying for: _____ Date available to start: _____

Type of employment desired: ___ Full Time ___ Part Time ___ Temporary Salary Desired \$ _____ per _____

Are you willing to work overtime, if required? yes no Are there any hours/shifts which you cannot work? _____

Are you presently employed? yes no If yes, may we contact your present employer? yes no

Have you filed an application here before? yes no If yes, give date: _____

Have you ever been employed here before? yes no If yes, give date: _____

How many days were you absent from your last job? _____ In the last year of employment? _____

Are you on a lay-off and subject to recall? yes no Can you travel if your job requires it? yes no

Have you been convicted of a felony within the last 7 years? yes no If yes, Explain: _____

Referral Source: Advertisement Friend Relative Walk-In Job Service Employment Agency Other _____

Are you aware of any reason that could prevent you from performing the essential functions of the job for which you are applying? yes no If yes, please describe: _____

EDUCATION

Education	Name, City, State	Did you Graduate?	Degree Earned Major/Minor
High School:		<input type="checkbox"/> yes <input type="checkbox"/> no	
College:		<input type="checkbox"/> yes <input type="checkbox"/> no	
Graduate School:		<input type="checkbox"/> yes <input type="checkbox"/> no	
Trade or Business School:		<input type="checkbox"/> yes <input type="checkbox"/> no	

List any extracurricular activities, awards, scholarships, or clubs that you were involved in which might be related to the position for which you are applying: _____

EMPLOYMENT EXPERIENCE (Last 3 years)

Length of Service From (month) to (Year)	Name & Address of Employer (Most recent first) Name of Immediate Supervisor	Job Title And Principle Duties	Salary First & Last	Reason For Leaving
			First: \$ Last: \$	
			First: \$ Last: \$	
			First: \$ Last: \$	
			First: \$ Last: \$	

REFERENCES

List below the names of three persons, not related to you, whom you have know for at least one year.

Name	Address & Telephone Number	Business	Years Acquainted

EMPLOYEE ACKNOWLEDGMENT

I understand that Reeves-Sain is relying on the truth and completeness of the information related by me in this application both for the purpose of considering me for a position and if hired, continuing to be employed. I also understand that any untrue statements in this application will be cause for me not to be hired and for dismissal. I understand that this application is not intended to be a contract for employment. I understand that a health assessment or medical examination, including a urinalysis screening, may be required after a conditional offer of employment is made but prior to and as a condition of initial employment, as well as periodically throughout the term of my employment. I agree to authorize the release of medical information as it may relate to employment matters. In consideration of my employment I agree to conform to the rules and regulations of the Company and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no supervisor or other representative of the Company other than the president has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I authorize the release of information concerning my previous employment and any pertinent information any of my prior employers may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this information to Reeves-Sain.

I HAVE READ AND FULLY UNDERSTAND THE FOREGOING STATEMENT. I UNDERSTAND THAT REEVES-SAIN IS RELYING ON THE INFORMATION SET OUT ABOVE AND THAT I WOULD NOT BE HIRED AND I WOULD NOT BE RETAINED IF HIRED, IF THAT INFORMATION IS INACCURATE, UNTRUTHFUL OR INCOMPLETE.

EMPLOYEE SIGNATURE: _____ DATE SIGNED: _____