



## Employment Application

Photo  
4 x 6

Application Date: \_\_\_\_\_

This company is an equal opportunity employer and will not discriminate in the hiring process because of sex, religion, race, color, age, national origin, or disabilities.

### PERSONAL INFORMATION

Last Name	First	Middle	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			Home Phone
City, State, Zip			Business Phone
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		Nationality:	
How many children: _____		Religion:	
Email:		Mobile:	

### EMPLOYMENT INTEREST

Position: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date you can start? \_\_\_\_\_ Can you work overtime if necessary?  Yes  No

Have you ever applied for employment with this company before?  Yes  No If yes, when \_\_\_\_\_

### EDUCATION AND TRAINING

Education	Name and Location of School	Course of Study	Inclusive Years	Did you Graduate?	Degree or Diploma
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade or Business				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College / University				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	
License or Certificate Training				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Special Training					

**SKILLS & OTHER QUALIFICATIONS** (List below applicable skills relevant for the job)

Types of Software you can operate:	
Additional Skills:	

**EMPLOYMENT HISTORY**

(list below last three employers, starting with last one first)

Company Name	Employed (Mo and Year) From                      To
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Employed (Mo and Year) From                      To
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Employed (Mo and Year) From                      To
Address and Telephone	Pay or Salary
State Job Title and Describe Your Work	Reason for Leaving

**BACKGROUND QUESTIONS** (please answer as truthfully as you can)

Have you ever applied or worked for any CMED Business Unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever been hospitalized for the past five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever contracted any communicable disease or HIV/STD, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Have you ever used any regulated drug or been rehabilitated for drug use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:

**SUBMITTED DOCUMENTS** (list below ALL documents you provided with this application)


**REFERENCES***(Do not list Relatives or Former Employers)*

Name & Address	Telephone & Email	Years Known	Occupation

**ESSAY***Please tell us your strengths and weaknesses:**Please tell us why you wish to join our company:***How, or by whom, were you referred to this Company? Tick the box below and specify:** Newspaper Advertisement (*specify*)

\_\_\_\_\_

 Job Boards (*specify*)

\_\_\_\_\_

 Agency/Search Firm (*specify name*)

\_\_\_\_\_

 College Recruiting (*specify which school*)

\_\_\_\_\_

 Current Employee Referral (*specify name*)

\_\_\_\_\_

 Former Employee (*specify name*)

\_\_\_\_\_

 Job Fair (*specify which place*)

\_\_\_\_\_

 Walk-In/Write-In

\_\_\_\_\_

 Other Source (*specify*)

\_\_\_\_\_

**Have you signed a document with your current and/or former employers restricting you to work with or be employed by a competitor?**  Yes  No*(If yes, please provide a copy and attach with this document)***CERTIFICATE OF APPLICANT**

I HEREBY ATTEST that all statements made in this application are true and correct to the best of my knowledge. I hereby grant permission to the company to verify, confirm and conduct background check for and on my behalf. I further grant permission to the company to contact my declared references directly for whatever legal purpose it may serve. I understand and agree that any deception, fraud or my providing false or misleading statements of material facts in this application or examination process may cause the forfeiture of all rights to any employment or immediate termination if discovered after starting employment.

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Thumbprint: