

Employment Application

It is the policy of MedSpeed not to discriminate in hiring and employment on the basis of race, color, religion, national origin, sex, disability, age or other protected class as provided by all applicable federal, state or local laws. No question on this application is intended to secure information for an unlawful purpose. Only fully completed applications will be considered for employment.

LOCATION: _____ **POSITION APPLYING FOR:** _____

HOW DID YOU LEARN OF THIS POSITION: Agency Newspaper Website Walk-in

Employee Referral (please name) _____ Other (explain) _____

Availability

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Early Morning (6am-9am)							
Late Morning (9am-12pm)							
Early Afternoon (12pm-3pm)							
Late Afternoon (3pm-6pm)							
Early Evening (6pm-9pm)							
Late Evening (9pm-12am)							
Overnight (12am-6am)							
On-Call							

(Please mark all days and times you are available to work)

When are you available to start: ____/____/____ Employment Status Preference: Full-Time Part-Time Both

Personal Information

Name: _____ Social Security Number: ____ - ____ - ____

Street Address: _____ City & State: _____

Home Phone Number: _____ Alternate Phone Number: _____

Email Address: _____ Salary Expectations: \$ _____ Hourly Salary

Drivers License Number: _____ State: _____ Expiration Date: _____

List the states where have you held a valid driver's license: _____

If you have used a different name or alias, please list here so MedSpeed can inquire into your education and employment history: _____

Education

	School Name or Institution, City and State	Graduated Yes / No	Degree (or credits earned)	Major / Discipline
High School				Not Applicable
Technical/GED				
College/Post Grad				
License/Certification				

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Employment Questionnaire *Answer the following questions to the best of your knowledge.*

Have you ever worked for MedSpeed before? Yes No

(If yes, when?) Start: ____/____/____ End: ____/____/____

Are you related to anyone that is employed with MedSpeed? Yes No

(If yes, to whom?) Employee Name: _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status? Yes No

Are you 19 years of age or older? If no, please provide your age _____ Yes No

If you would require accommodations to perform the essential functions of the job, please explain those accommodations in detail.

Have you ever been involuntarily terminated from employment due to misconduct? Yes No

If yes, please explain:

All Applicants: Please answer the "Additional Questionnaire" below based on criminal and driving history. A criminal conviction will not necessarily be a barrier to employment. To help us evaluate your application in that case, please describe the nature of the crime and your subsequent rehabilitation (attach additional sheets if necessary):

When answering the following questions, you may exclude any records expunged, annulled, sealed, discharged, dismissed, erased under first-offender law or otherwise eradicated by statute or court order.

California Applicants: When answering, you need not identify any conviction for marijuana related offense if the conviction is more than two years old, or any information pertaining to referral to and participation in any pre-trial or post-trial diversion program.

Hawaii Applicants: Do not respond to this inquiry until you have been given a conditional offer of employment. If you are required to respond, please limit your responses to crimes for which you were convicted within the past 10 years, excluding periods of incarceration

Illinois Applicants: You are not required to reveal any expunged convictions, including expunged juvenile convictions.

Massachusetts Applicants: Do not respond to these questions unless this box is checked:

If you are required to respond to these questions because this box is checked, please note that when answering these questions, an applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances, and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution.

When answering, you may exclude a first conviction for any of the following misdemeanors: drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. You may also exclude any convictions of misdemeanors which are more than five years old if you have not been convicted of a misdemeanor in the past five years.

The reference to DUI/DWI includes OUI. You are only required to list convictions within the past 5 years.

New York Applicants: You are not required to reveal any Youthful Offender convictions.

Philadelphia, PA Applicants: Do not respond to these questions until after the employment application has been accepted and a first telephone or in-person employment interview has been conducted.

Utah Applicants: You may answer "No" with respect to any conviction for a misdemeanor or summary offense.

Washington Applicants: Answer "Yes" only if the conviction or release from imprisonment was within the last ten (10) years, or related to the functions of the position for which you are applying.

Connecticut Applicants: When answering the questions, you need not disclose the existence of any arrest, criminal charge or conviction records which have been erased pursuant to Conn. Gen. Stat. §§46b-146, 54-760, 54-142a. Also note that the aforementioned criminal records subject to erasure are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon; and any person whose criminal records have been erased pursuant to the aforementioned sections is deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.

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Additional Questionnaire

Have you been convicted of a misdemeanor or felony?	Yes	No
If yes, please explain: _____		
Are you presently charged with committing a criminal offense?	Yes	No
If yes, please explain: _____		
Have you ever been convicted of driving under the influence or while intoxicated?	Yes	No
If yes, please explain: _____		
Have you ever had an operator's license revoked or suspended?	Yes	No
If yes, please explain: _____		
Are there any driver restrictions that would prevent you from operating a motor vehicle safely?	Yes	No
List all moving violations and accidents you have had within the last 5 years. (If none, write "NONE".)		
(1)	_____	
(2)	_____	
(3)	_____	

References (please list three persons not related to you who know your qualifications)

NAME	ADDRESS	PHONE & EMAIL	RELATIONSHIP

Related Work Experience

Please describe any related work experience and skills which may qualify you for the position for which you are applying.

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Employment History

Include your current or most recent job first, and then list the others in order. Account for all time including unemployment periods.

Employer: _____ Telephone Number: _____
Address: _____ Name of Supervisor: _____
Position: _____ Ending Salary: _____ Start / End Dates: _____
Primarily Responsibility: _____
Reason for Leaving: _____

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Address: _____ Name of Supervisor: _____
Position: _____ Ending Salary: _____ Start / End Dates: _____
Primarily Responsibility: _____
Reason for Leaving: _____

Employer: _____ Telephone Number: _____
Address: _____ Name of Supervisor: _____
Position: _____ Ending Salary: _____ Start / End Dates: _____
Primarily Responsibility: _____
Reason for Leaving: _____

I hereby certify that the information I have provided on this application is true and correct. I agree that any misrepresentation, falsification or omission in said information shall be cause for immediate dismissal from employment without protest. I understand that this application will be considered active for 60 days.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause or notice at the Company's or my option.

MedSpeed is a Drug-Free Workplace. I understand that if I am offered employment, I will be required to submit a drug test. I understand that any offer of employment is contingent upon satisfactorily completing and passing the drug test. I also consent to random drug tests. I also understand that I must meet the standards for a Drug-Free Workplace. I understand that by signing this application form, I am consenting to pre-employment and random drug tests and release MedSpeed from any and all liability or damages in connection with, or reliance upon, such drug tests.

Signature of Applicant: _____ Date: _____

Reviewed By (please print): _____ Date: _____