



Application For Employment

Medicoil

Date: _____

We are an equal opportunity employer. We do not discriminate against race, religion, color, sex, age, national origin, marital status, or disability.

INSTRUCTIONS: Please answer all questions, where applicable, completely, and truthfully to the best of your knowledge and belief. Print in ink as carefully as possible. While not necessary or required, you may submit additional information by way of letter, resume or the like to supplement your answers.

Last Name		First		Middle	
Home Address (Number & Street)			City	State	Zip
Home Phone (with area code)	Daytime Phone (with area code)		E-Mail		
Have you signed a document with your current/and or former employer(s) restricting your ability to work with or be employed by a competitor Yes C] No (If yes, please provide a copy)					
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> NO		Are you legally eligible for employment in the country? <input type="checkbox"/> Yes <input type="checkbox"/> NO (Proof of eligibility will be required upon employment.)			
Have you ever been convicted of a crime? A yes C] No NOTE: A conviction record will not necessarily disqualify you from employment If yes, describe in detail below including date and location of offense.					
Have you ever applied here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date: _____			Have you ever been employed here previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date: _____		
Do you have any friends or relatives presently employed here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete information below.					
Name		Relation		Job Title	

POSITION

Position Desired?	Salary Expected?	What Date Are You Available?
Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> NO If yes, any restrictions?		Work Availability: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Shift Work Circle 1 St 2nd 3rd Shift
How did you hear about us: Advertisement Employment Agency Relative Friend Internet Walk-in Other		
Employee Referral: Name of employee who referred you: _____		

Reason for Leaving	<hr/> <hr/> <hr/>
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Additional Information

State any additional information you feel may be helpful to us in considering your application.

EDUCATION (If diploma or degree was received under a different name, please include.)

School	Name of School — Course of Study City & State Where Located	Years Completed	Diploma/Degree
High School			
College			
Other, including GED			

ADDITIONAL QUALIFICATIONS

Professional licenses, registrations or certifications currently held. List, including state of issuance and expiration date.

Languages in which you are fluent other than English.

PROFESSIONAL REFERENCES (List individuals familiar with your work: do not include relatives.)

Name	City & State	Phone (Preferably Day Time)	Occupation

This application is not to be interpreted as a contract of employment or as a promise of continued employment.

Pre-employment drug screening and background screening are conducted at this facility. Employment consideration is contingent on the results of these evaluations. I have read and understand that I will be required to submit to a pre-employment drug screen prior to employment.

I authorize the Company and its agents, through background screening and/or other appropriate testing, to investigate my suitability for employment except as specified below. I further authorize the people or companies contacted to give the Company and its agents any and

all pertinent information they may have, personal or otherwise, and release all parties from liability from any damage that may result from furnishing the information. The following people or companies, or both may not be contacted during the pre-employment process:

I release the Company and its agents from liability arising out of, incident to, or in connection with such inquiries.

I acknowledge that the Company retains the right to establish and enforce with full discretion any and all rules and regulations. I recognize that any employment and compensation can be terminated for any reason with or without notice, at any time, at the option of either the Company or myself, I also understand that the terms and conditions of my employment may be changed for any reason with or without notice at any time by the Company. I understand that no representative of the Company other than the President's designated representative, has any authority to enter into any contract or agreement contrary to the foregoing, and then only if such commitment is in a signed written document.

I certify that all the information submitted by me on this application is true and accurate. I understand that if any false information, misrepresentation of facts, or omissions are discovered, my application may be rejected and, if I am employed, my employment may be terminated.

APPLICANT'S SIGNATURE	DATE
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EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. **Completion of this data is voluntary** and will not affect your opportunity for employment, or terms or conditions of employment, in any way. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

JOB TITLE/POSITION APPLIED FOR: _____

GENDER:
(Please check one of the options below)
 Male
 Female

RACE/ETHNICITY:
(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- I do not wish to self-identify at this time.**

Date completed: _____

Please return form to the HR department. Thank you for your participation.