



APPLICATION FOR EMPLOYMENT

Please print or type all information except signature.

Non-Discrimination Policy: eMDe Cares is committed to the principle of equal opportunity in employment. eMDe Cares does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in admission to, access to, treatment in, or employment in its activities.

GENERAL INFORMATION

Date _____

Position Applied For _____

Referral Source ☐ Newspaper ☐ Friend ☐ Relative ☐ Employment Agency ☐ HigherEdJobs.com
☐ Internet Search ☐ Professional Journal ☐ Walk-in ☐ Other _____

Name _____
Last First Middle

Address _____
Number Street City State Zip

Home phone(_____) _____ E-mail address _____
 Cell phone (_____) _____ DOB: _____ Social Sec # _____

If under 18, can you provide a work permit? ☐ Yes ☐ No

Have you ever filed an application here before? ☐ Yes ☐ No If yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your employer? ☐ Yes ☐ No

Are you a United States citizen? ☐ Yes ☐ No If no, do you have a valid work permit? ☐ Yes ☐ No
 (Proof of citizenship or immigration status may be required upon employment)

Employment desired: ☐ Full-Time ☐ Part-Time ☐ Shift Work ☐ Flexible to Employer's needs

When are you available for work? _____

Do you have any medical problems, limitations, or dependencies which prohibit you from performing the essential functions of the job.
 No __ Yes __. If yes, explain: _____

Have you ever been convicted of a crime? No __ Yes __. If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation: _____

Have you ever been discharged from a past employer? No __ Yes __. If yes, please explain: _____

Have you ever been in litigation with current or past employer? No __ Yes __. If yes, please explain nature of litigation & outcome: _____

May we contact your present or past employers? Yes __ No __

EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City / State)	NO YEARS COMPLETED	MAJOR DEGREE GPA
High School				
College				
Graduate School				
Bus. or Trade School				
Professional School				
Special Honors				

COMPUTER SKILLS (Only for positions which require computer skills)				
Check off those computer skills with which you are proficient (any version).				
<input type="checkbox"/> PC User	<input type="checkbox"/> Macintosh User	<input type="checkbox"/> Windows	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Microsoft Access
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Microsoft Powerpoint	<input type="checkbox"/> Typing	<input type="checkbox"/> E-mail	<input type="checkbox"/> Internet
<input type="checkbox"/> Other. Please list _____				

DRIVER'S LICENSE	
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's license number _____	State of issue _____
Expiration date _____	

MILITARY	
Are you a veteran of the United States military service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what branch? _____	
If yes, Date Entered _____	Date Discharged _____
If yes, please describe any special skills or training acquired while in the service: _____ _____	
OTHER SPECIAL SKILLS	
Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc.	

WORK EXPERIENCE

Please list your work experience beginning with your **most recent** job. If you were self-employed, give firm name. Attach additional sheets if necessary. Exclude organization names which indicate race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability.

Most Recent Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	
Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

Employer	Dates Employed From: To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

REFERENCES

Please list two references other than relatives or previous employers.

Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____ _____	Address _____ _____
Telephone () _____	Telephone () _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

AT-WILL EMPLOYMENT

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize eMDe Cares or its agent to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE: _____ **Date** _____

Thank you for applying to eMDe Cares

