

MIDWEST MEDICAL CONTRACTING

EMPLOYMENT APPLICATION

PLEASE NOTE: Is it important that you complete all parts of the application. If your application is incomplete or does not clearly show the experience and/or training required, your application may not be accepted. If you have no information to enter in a section, please write N/A.

APPLICANT INFORMATION

First Name:	Last Name:	
Home Address:	Apt/Unit#:	
City:	State:	Zip Code:
Drivers License #:	Exp. Date:	
Mobile Phone:	Email Address:	
Social Security #:	Desired Salary:	Desired Position:

ADDITIONAL INFORMATION

If hired, when would you be available to start?	Date:	
Are you at least 18 years old?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If hired, are you able to submit proof that you are legally eligible to work in the US?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been employed by Midwest Medical Contracting?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you seeking a full time permanent position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you willing to travel?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you willing to work overtime and weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a valid Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had any moving violations in the last 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you had any accidents in the past 3 years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have basic computer skills?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have goals of growing and attaining promotions within our Company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
How did you hear about us?		

APPLICANT'S EMPLOYMENT HISTORY

List ALL work experience beginning with your most recent job held. Attach additional sheets if needed.

Company Name:	Your Job Title:	
Address:	Phone:	
City:	State:	Zip Code:
Start Date:	End Date:	
Final Salary:		
Reason for Leaving:		
May We Contact This Employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

List the jobs you held, duties you performed, skills you learned, promotions while you worked for the Company.

- 1)
- 2)
- 3)
- 4)

Company Name:		Your Job Title:	
Address:		Phone:	
City:	State:	Zip Code:	
Start Date:		End Date:	
Final Salary:			
Reason for Leaving:			
May We Contact This Employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

List the jobs you held, duties you performed, skills you learned, promotions while you worked for the Company.

- 1)
- 2)
- 3)
- 4)

Company Name:		Your Job Title:	
Address:		Phone:	
City:	State:	Zip Code:	
Start Date:		End Date:	
Final Salary:			
Reason for Leaving:			
May We Contact This Employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

List the jobs you held, duties you performed, skills you learned, promotions while you worked for the Company.

- 1)
- 2)
- 3)
- 4)

APPLICANT'S EDUCATION AND TRAINING

High School (GED) Name:		State:	
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
College Name:		State:	
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

OTHER TRAINING

Institution Name:		State:	
Did you graduate or attain cert?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a veteran?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you in the Military Reserve or the National Guard?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE PROVIDE ANY OTHER INFORMATION YOU BELIEVE SHOULD BE CONSIDERED

APPLICANT'S SKILLS/LICENSES		
<i>List any skills/licenses that may be useful for the position you are seeking</i>		
Skill:	Years of Experience:	
Skill:	Years of Experience:	
License:	Date Attained:	
License:	Date Attained:	
<i>List any additional professional licenses, certifications or registrations</i>		
EMERGENCY CONTACT		
Contact Name:		
Relationship to you:		
Home Address:		
City:	State:	Zip Code:
Mobile Phone:		Home Phone:
CERTIFICATION		
<p><i>I certify that the information on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for the rejection of my application, or if employment commences, immediate termination.</i></p> <p><i>If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its General Manager, the employment relationship will be "at will". In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Midwest Medical Contracting Inc., except in a specific written contract of employment signed on behalf of the organization by its General Manager, has the power to alter or vary the voluntary nature of the employment relationship.</i></p>		
I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND UNDERSTAND AND AGREE TO ITS TERMS		
Applicant Signature:		Date: