



**PRELIMINARY EMPLOYMENT APPLICATION FORM**

**Personal Data**

Name (First, Middle, Last) Maiden Name Social Security No. DOB

Address (Street No., City, State, Postal Code, Country)

Telephone Email:

Position Applying For Other Positions You May Be Interested In Salary Requirements per hour Date

<b>Hours Desired</b>	<b>Shifts Available</b>	<b>Days Available</b>
<input type="checkbox"/> 40/Wk	<input type="checkbox"/> Days	<input type="checkbox"/> Sun <input type="checkbox"/> Th
<input type="checkbox"/> < 40/Wk	<input type="checkbox"/> Evenings	<input type="checkbox"/> Mon <input type="checkbox"/> Fr
<input type="checkbox"/> On Call	<input type="checkbox"/> Nights	<input type="checkbox"/> Tue <input type="checkbox"/> Sat
<input type="checkbox"/> Any	<input type="checkbox"/> Any	<input type="checkbox"/> Wed
	<input type="checkbox"/> Live-in	

EMERGENCY CONTACT INFORMATION: TEL: EMAIL:

Preferred locations of interest to work , Make a list. (City, State). How much travel are you willing to do?


**Professional Licensure**

Type	Number	Type	Type
Expiration	Current States	Expiration	Current States

**Applicant Declaration**

Are you 16 or older?  Yes  No  
 Are you eligible to work in the United States legally?  Yes  No

Have you ever been convicted, pled guilty or no contest to a crime? This includes misdemeanors (except parking violations), gross misdemeanors and felonies. A conviction, guilty plea or no contest will not necessarily disqualify you for employment consideration.  
 Yes  No If yes, gives dates and explanation (where, when, etc): \_\_\_\_\_

Have you ever been excluded from the Medicare or Medicaid program for conduct that would constitute a misdemeanor, gross misdemeanor or a felony under the law?  Yes  No.  
 If yes, please explain: \_\_\_\_\_

Have you ever been disciplined by professional or state ethics or licensing board?  Yes  No  
 If yes, please explain: \_\_\_\_\_

How did you find out about our company, positions?  
 Did anybody refer you to our company?  Yes  No. If yes, who? \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** / / **A-1**



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**Educational Information**

<b>High School</b>			<b>Diploma Program, Commercial or Technical</b>		
Address			Address		
City	State	Postal Code	City	State	Postal Code
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	
<b>College or University</b>			<b>Graduate School</b>		
Address			Address		
City			City		
Country			Country		
Major			Major		
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree

**Employment Information**

<b>1. Employer (Most Recent)</b>		<b>2. Employer</b>	
Address		Address	
City/State/Postal Code		City/State/Postal Code	
Supervisor Name/Phone No.		Supervisor Name/Phone No.	
Start Date	End Date	Start Date	End Date
Position	Average Hours Per Week	Position	Average Hours Per Week
Starting Salary	Ending Salary	Starting Salary	Ending Salary
Reason For Leaving		Reason For Leaving	
<b>3. Employer</b>		<b>4. Employer</b>	
Address		Address	
City/State/Postal Code		City/State/Postal Code	
Supervisor Name/Phone No		Supervisor Name/Phone No	
Start Date	End Date	Start Date	End Date
Position	Average Hours Per Week	Position	Average Hours Per Week
Starting Salary	Ending Salary	Starting Salary	Ending Salary

*Signature of Applicant* \_\_\_\_\_ *Date* / / **A-1**



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Reason For Leaving Reason For Leaving

Equal Employment Opportunity Questionnaire

To All Applicants

Name Date

Position Applied For Sex Male Female

What Racial/Ethnic Category Do You Consider Yourself -Optional

- American Indian or Alaskan Native
Asian or Pacific Islander
Black
Hispanic
White/Caucasian

Vietnam Veteran

Did you serve active duty in the armed services (for a period of more than 180 days) between August 5, 1964 and May 7, 1975? Yes No

Disabled Veteran

Are you entitled to disability compensation under laws administered by the Veterans Administration for disability rates at 30% or more, or are you a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty? Yes No If yes, list disability

Handicapped

Do you (1) have a physical or mental impairment which substantially limits one or more major life activities, (2) have a secure record of such impairment, (3) are regarded as having such an impairment, or (4) have experienced difficulty, retaining or advancement in employment because of your handicapped? Yes No

Our company is committed to respectful and equal treatment for all employees. This commitment includes non-discrimination towards applicants and employees on the grounds of race, color, creed, religion, age, sex, disability, national origin, ancestry, sexual orientation, marital status, or with regard to public assistance, or union or non-union status.

Signature of Applicant Date / / A-1



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**Work Related References (No family members, relatives, or personal friends)**

<b>Most Recent Supervisor Name</b>	<b>Reference One</b>
Company	Company
Telephone Number	Telephone Number
Position You Held	How Do You Know This Person?
May We Contact This Person For A Reference <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Reference Two</b>	<b>Reference Three</b>
Company	Company
Telephone Number	Telephone Number
How Do You Know This Person?	How Do You Know This Person?

**Applicant Release, Please read and sign below**

I authorize the investigation of my background including all information contained in this application and information provided in the interview. I understand that misrepresentation or omission of information in connection with my application and interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered. I understand and agree that any offer of employment is contingent upon satisfactory completion of TRIMED HEALTHCARE, LLC pre-employment investigation which includes but is not limited to health assessment, criminal history check, educational and work verification, drug test, reference checks, consumer report and any investigation required by local, state, or federal laws. I understand that if I am hired by TRIMED HEALTHCARE, LLC, my employment will be for an indefinite period of time and will be "at will" which means that either TRIMED HEALTHCARE, LLC or I may terminate the employment relationship at anytime and for any reason or no reason.

I further understand that, if hired, my at-will employment status my only be changed in written contract signed by the management of TRIMED HEALTHCARE, LLC , and that no representative of TRIMED HEALTHCARE, LLC has the authority to make oral promise to me concerning my employment. Finally, I also understand that TRIMED HEALTHCARE, LLC may adopt, from time to time, policies or handbooks dealing with benefits and other terms or conditions of employment. These policies or handbooks do not constitute a contract of employment between TRIMED HEALTHCARE, LLC and me. TRIMED HEALTHCARE, LLC reserves the right to change or discontinue these policies and/or handbooks at any time with or without notice to me.

TRIMED HEALTHCARE, LLC strives to provide a safe, healthy and productive work environment and supports a smoke free, alcohol-free work environment.

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

***Signature of Applicant*** \_\_\_\_\_ ***Date*** / / ***A-1***