



AMT Medical Inc.

Application for Employment

An Equal Opportunity Employer

(Application will remain active for 30 days)

Applied For: _____ Position _____
Referral Source: _____

Name: _____ E-Mail Address: _____
Last First M.I.

Address: _____ Phone: (____) _____
Street City State Zip

Are you at least 18 years of age? Yes No
Are legally authorized to work in the U.S.? Yes No
Date you are able to start work: _____
May we contact your current employer? Yes No
Are you on layoff status or subject to recall elsewhere? Yes No
Pay Expected: \$_____ per _____
Do you wish to work: Full-time Part-time
 Temporary
Are you willing and available to work? On call
 Days Evenings Nights
 Overtime Weekends Holidays
If applying for a job that requires one, do you have a valid driver's license? Yes No

Have you previously applied with us? Yes No
When _____
Have you previously worked with us? Yes No
When _____
Are any of your records under a different name? Yes No
If so, what name _____
Do you have any relatives working for us? Yes No
If so, who? _____
Is there any reason you might be unable to meet our attendance requirements? Yes No
If yes, please explain _____

EDUCATION/ TRAINING	Name and Location of School	Did You Graduate ?	Subjects Studied
High School			
College			
Other Training (particularly that led to license or certification)			

Are you taking or do you plan to take any additional education? If so, what? _____

SKILLS / ABILITIES:

List any software or machines you are skilled in using: _____

List any skills or abilities you have which are pertinent to the position, including hobbies or related interests: _____

JOB REQUIREMENTS

Will you be able to perform the essential functions of the job, with or without reasonable accommodation? Yes No

PLEASE LIST WORK EXPERIENCE, INCLUDING MILITARY AND VOLUNTEER EXPERIENCE

Present or Last Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Start Date: _____ Leaving Date: _____ Supervisor: _____

Job Title & Duties: _____

Why Did You Leave? _____

Previous Employer:

Address: _____ Phone: () _____

Why Did You Leave? _____

PERSONAL REFERENCE

Name: _____ Phone: () _____

Address: _____

Occupation: _____ How Long Known: _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING THIS APPLICATION

1. As a final step in the hiring process, an applicant may be subject to an employment entrance exam that may include screening for illegal drugs. Applicants who confirm positive on drug screening will not be considered for employment. If a job offer is made, it may be made contingent upon the successful passing of a physical.
2. **I CERTIFY** that the facts contained in this application are true and complete, and understand that if employed, false, misleading or incomplete statements on this application shall be grounds for immediate dismissal.
3. **I AUTHORIZE** the company to investigate and verify any information contained in my application or pre-hire interviews, including my previous employment, education and background. I further release all parties from all liability for any damage that may result from furnishing or receiving such information.
4. **I UNDERSTAND** and agree that my employment and compensation may be terminated at any time without prior notice, with or without reason, at the option of the company or myself, and understand that no representative of the company, other than the President, has authority to enter into any agreement contrary to the foregoing.

Date: _____ Signature of Applicant: _____