

HCMS EMPLOYMENT APPLICATION

Applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

PERSONAL INFORMATION:

Date _____ Start Date _____

☐ Full Time ☐ Part Time ☐ Temporary Referral Source _____

Name: _____

Business Name: _____ Form of Entity: _____

Street Address: _____ Phone: _____

City/State/Zip: _____ SSN: _____

EMPLOYMENT ELIGIBILITY: To be employed by *House Call Medical Services*, you must meet certain state and federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, and no felony convictions (for some jobs). Please answer the following questions.

1. Are you legally qualified to work in the United States? ☐ YES ☐ No

If no, please explain details in full:

Have you, or any person or entity with whom you have been associated with, filed for bankruptcy, been declared bankrupt or insolvent or been the subject of any receivership proceedings within the last 7 years?

☐ Yes ☐ No

If Yes, please provide full details, including dates, places, amounts involved and disposition:

EDUCATION:

Schools/Colleges Attended:	# Years	Year Grad	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT/WORK EXPERIENCE: Start with your present or most recent position. Include military service assignments and volunteer activities. Exclude organization names that indicate race, color, religion, sex or national origin.

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

Employer: _____

Job Title: _____ Supervisor: _____

Street Address: _____

City/State/Zip: _____ Phone: _____

Describe Duties/Responsibilities/Accomplishments: _____

Reason for Leaving: _____

Dates of Employment (Month/Year): From _____ To _____

MILITARY SERVICE

: (A copy of a report of separation from the Armed Services may be required)

1. Are you a veteran? ☐ YES ☐ NO If yes, list type of discharge: _____

2. Dates of service (From/To) _____

3. Are you a surviving spouse of a veteran who has not remarried? ☐ YES ☐ NO Are you a
☐ YES ☐ NO If yes, dates of service for veteran: _____

BUSINESS REFERENCES: Please provide individual and company names, position, addresses and phone numbers for 3 business references.

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

Name: _____

Company: _____

Street Address: _____

Position: _____

City/State/Zip: _____ Phone: _____

PERSONAL REFERENCES: Please provide names, addresses, phone numbers, relationship and how long known for 3 personal references.

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

Name: _____

Relationship: _____

Street Address: _____

How long: _____

City/State/Zip: _____ Phone: _____

LANGUAGE SKILLS: Check any which apply to you. ☐ Multilingual (Specify languages)
☐ Sign Language

LICENSING/CERTIFICATION: If a license or certification is required or related to the position for which you are applying, complete the following:

<i>License</i>	<i>Date Issued</i>	<i>Date Expires</i>	<i>Issuer/Location of Issuing Authority</i>	<i>License No.</i>

SPECIAL SKILLS: Describe any special skills or qualifications for this work:

I AUTHORIZE any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and I release such parties from all liability from any damages which may result from furnishing such information to you.

I CERTIFY that the above answers are true and complete to the best of my knowledge. I authorize House Call Medical Services, to investigate any statement contained in this application, and to obtain a credit report on me (and my company if this application is for reselling by a company) as necessary to determine my qualifications. I understand that this application is not and is not intended to be any kind of contract or agreement. In the event of employment, I understand that any false or misleading information given in my application, correspondence, discussions or interview may result in refusal to hire or immediate termination if hired. I understand also, that I am required to abide by all rules, regulations and policies of House Call Medical Services.

Signed: _____
Date: _____

FOR INTERNAL HCMS USE ONLY:

Arrange Interview: ☐ Yes ☐ No Date: _____ Place: _____

Remarks: _____

Approved: ☐ Yes ☐ No Date: _____
By: _____