

**EMPLOYMENT APPLICATION**

WE OFFER EQUAL EMPLOYMENT OPPORTUNITIES TO ALL PERSONS AND DO NOT DISCRIMINATE BASED ON RACE, COLOR, RELIGION, AGE, MARITAL STATUS, SEX, NATIONAL ORIGIN, DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS.

1005 N. Kingshighway STE 12, Cape Girardeau, MO 63701

PHONE: 573-803-2390FAX: 573-803-1247

**PERSONAL DATA**

**NAME: LAST FIRST MI DATE**

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**ADDRESS HOME PHONE**

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**CITY, STATE, ZIP CODE EMAIL**

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**HAVE YOU EVER WORKED FOR MEDX MEDICAL EQUIPMENT BEFORE? YES \_\_\_ NO\_\_\_**

**SOCIAL SECURITY NO. DRIVERS LICENSE NO. AND STATE**

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**POSITION(S) REQUESTED ARE YOU 18 YEARS OF AGE**

**OR OLDER? YES\_\_ NO\_**

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**HOW WERE YOU REFERRED TO MEDX MEDICAL EQUIPMENT?**

**\_\_\_CURRENT EMPLOYEE \_\_ NEWSPAPER \_\_PROFESSIONAL JOURNAL \_\_EMPLOYMENT AGENCY**

**\_\_COLLEGE COUNSELOR \_\_RECRUITMENT PROGRAM \_\_OTHER: PLEASE SPECIFY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**WORK HOURS FULL TIME PART TIME DAYS EVENINGS NIGHTS WEEKENDS CALL**

**PREFERRED? Y N Y N Y N Y N Y N Y N Y N**

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**AFTER EMPLOYMENT CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES \_\_YES \_\_NO IF HIRED, YOU WILL BE REQUIRED TO SHOW PROOF OF CITIZENSHIP**

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**HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR? \_\_YES \_\_NO IF YES,**

**EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**NOTE: A conviction is not an automatic bar to employment; each case will be considered on its own merit.**

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**HAVE YOU REVIEWED A JOB DESCRIPTION FOR THE POSITION FOR WHICH YOU ARE APPLYING? \_\_\_YES \_\_\_NO**

**IF YES, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTION OF THE JOB, WITH OR WITHOUT**

**ACCOMODATIONS (S)? \_\_\_YES \_\_\_NO**

**YOU CAN ASSIST US BY DESCRIBING HOW YOU WOULD PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION AND WITH WHAT REASONABLE ACCOMODATIONS WE CAN MAKE.**

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**EDUCATION**

**NAME OF SCHOOL LOCATION COURSE OF NO. OF YRS DID YOU DEGREE**

**STUDY COMPLETED GRADUATE DIPLOMA\_**

**HIGH SCHOOL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COLLEGE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**GRADUATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BUSINESS/TRADE/**

**TECHNICAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYMENT HISTORY**

**COMPANY NAME DATES EMPLOYED (MO/YR)**

**FROM TO**

**ADDRESS TELEPHONE:**

**CITY, STATE, ZIP HOURLY PAY OR SALARY (CIRCLE ONE)**

**START LAST**

**TITLE/POSITION NAME AND TITLE OF SUPERVISIOR**

**BRIEFLY DESCRIBE YOUR DUTIES**

**PERSON(S) WE MAY CONTACT FOR REFERENCE**

**REASON FOR LEAVING**

**COMPANY NAME DATES EMPLOYED (MO/YR)**

**FROM TO**

**ADDRESS TELEPHONE:**

**CITY, STATE, ZIP HOURLY PAY OR SALARY (CIRCLE ONE)**

**START LAST**

**TITLE/POSITION NAME AND TITLE OF SUPERVISIOR**

**BRIEFLY DESCRIBE YOUR DUTIES**

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**REASON FOR LEAVING**

**COMPANY NAME DATES EMPLOYED (MO/YR)**

**FROM TO**

**ADDRESS TELEPHONE:**

**CITY, STATE, ZIP HOURLY PAY OR SALARY (CIRCLE ONE)**

**START LAST**

**TITLE/POSITION NAME AND TITLE OF SUPERVISIOR**

**BRIEFLY DESCRIBE YOUR DUTIES**

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**REASON FOR LEAVING**

**IF MORE INFORMATION PLEASE ATTACH A SEPARATE SHEET**

**PROFESSIONAL REGISTRATION STATE ID NUMBER EXPIRATION**

**LICENSURE OR CERTIFICATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**OTHER STATES WHERE FORMERLY OR CURRENTLY REGISTERED?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IS YOUR PROFESSIONAL LICENSE OR REGISTRATION CURRENTLY SUSPENDED OR REVOKED IN ANY STATE? \_\_Y \_\_N**

**IF YES, EXPLAIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HAVE YOU EVER HAD A PROFESSIONAL LICENSE OR REGISTRATION REVOKED IN ANY STATE? \_\_\_YES \_\_\_NO**

**IF YES, EXPLAIN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**MILITARY HAVE YOU EVER SERVED IN THE ARMED FORCES? \_\_\_YES \_\_\_NO**

**DESCRIBE THE TRAINING RECEIVED RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CERTIFICATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I CERTIFY THAT THE INFORMATION GIVEN BY ME IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND I AGREE TO HAVE ANY OF THE ABOVE INFORMATION CHECKED BY MEDX MEDICAL EQUIPMENT, INC. I AUTHORIZE THE USE OF ANY INFORMATION IN THIS APPLICATION TO VERIFY MY STATEMENTS AND I AUTHORIZE PAST EMPLOYERS, ALL REFERENCES, AND ANY OTHER PERSONS WHOM MEDX MEDICAL EQUIPMENT, INC. CONTACTS TO ANSWER ALL QUESTIONS ASKED CONCERNING MY ABILITY, CHARACTER, REPUTATION, PREVIOUS EMPLOYMENT , EDUCATION, PUBLIC RECORDS, PROFESSIONAL CREDENTIALS, MOTOR VEHICLE RECORDS AND OTHER PERTINENT INFORMATION. I RELEASE ALL SUCH PERSONS FROM ANY LIABILITY OR DAMAGES ON ACCOUNT OF HAVING FURNISHED SUCH INFORMATION. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER OF EMPLOYMENT OR, IF I AM HIRED, MY TERMINATION FROM EMPLOYMENT.**

**I UNDERSTAND THAT NOTHING CONTAINED IN THIS EMPLOYMENT APPLICATION OR IN THE GRANTING OF AN INTERVIEW IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN MEDX MEDICAL EQUIPMENT, INC. AND MYSELF FOR EITHER EMPLOYMENT OR FOR THE PROVIDING OF ANY BENEFIT. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISES OR GUARANTEES ARE BINDING UPON MEDX MEDICAL EQUIPMENT, INC. UNLESS MADE IN WRITING. IF AN EMPLOYMENT RELATIONSHIP IS ESTABLISHED, I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME AND THAT MEDX MEDICAL EQUIPMENT, INC. RETAINS THE SAME RIGHT. I UNDERSTAND THAT NO EMPLOYEE OR REPRESENTATIVE OF MEDX MEDICAL EQUIPMENT, INC. HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OR FOR EMPLOYMENT ON OTHER THAN AN AT-WILL BASIS. FURTHERMORE, THE AT-WILL NATURE OF EMPLOYMENT CANNOT BE ALTERED EXCEPT IN SIGNED WRITING BY THE PRESIDENT OR EXECUTIVE DIRECTOR.**

**I UNDERSTAND THAT IF I AM OFFERED EMPLOYMENT WITH MEDX MEDICAL EQUIPMENT, INC. I MAY BE SUBJECT TO A CRIMINAL BACKGROUND CHECK, A DRUG AND/OR ALCOHOL SCREEN, USING URINE OR BLOOD TESTS, AND AN EMPLOYMENT EXAMINATION. IN THE EVENT I HAVE A DISABLILITY WHICH WILL AFFECT MY ABILITY TO TAKE THE TEST, I WILL SO INFORM MEDX MEDICAL EQUIPMENT, INC. PRIOR TO THE ADMINISTRATION OF THE TEST SO THAT A REASONABLE ACCOMODATION CAN BE MADE. REQUESTED ACCOMODATION MAY INCLUDE ACCESSIBLE TESTING SITES, MODIFIED TESTING CONDITIONS, AND ACCESSIBLE TESTING FORMATS. MEDX MEDICAL EQUIPMENT, INC. RESERVES THE RIGHT TO REQUIRE MEDICAL DOCUMENTATION CONCERNING THE NEED FOR THE ACCOMODATION.**

**I ALSO UNDERSTAND THAT ALL OFFERS OF EMPLOYMENT ARE CONDITIONED ON THE PROVISION OF SATISFACTORY PROOF OF AN APPLICANT’S IDENTITY AND LEGAL AUTHORITY TO WORK IN THE UNITED STATES.**

**APPLICANTS SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF 90 DAYS.YOU MUST COMPLETE ANOTHER APPLICATION FORM SHOULD YOU WISH TO REMAIN ON FILE**

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**RELEASE OF INFORMATION AGREEMENT**

I hereby authorize MEDX MEDICAL EQUIPMENT, Inc. and/or its agents to make an independent investigation of my background for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualification for employment. This investigation may access records maintained by both public and private organizations. Information requested may include, but not limited to:

Professional and Personal References Credit History (Consumer Reports)

Past and Current Employment Motor Vehicle Records

Criminal and Police Reports Professional Credentials

Education Public Records

Urine or Blood Tests to Determine Drug or Alcohol Use

I authorize any individual or entities contacted during this investigation to give you any and all pertinent information they may have, personal or otherwise, and release all parties from any and all liabilities, claims, or law suits in the regard to the information obtained.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant)

PLEASE PRINT THE FOLLOWING INFORMATION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST NAME MIDDLE INITIAL

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PRESENT ADDRESS CITY, STATE ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PREVIOUS ADDRESS CITY, STATE ZIP

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DRIVERS LICENSE # STATE OF LICENSE DATE OF BIRTH

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SOCIAL SECURITY NUMBER POSITION APPLYING FOR

**FOR OFFICIAL USE ONLY**

The following information must be completed in order to process this request

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Office Location Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested By Job Title

Please indicate the type of background check requested: □ Criminal □ MVA □ Workers Comp

If criminal, indicate County, City or State.

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COUNTY CITY STATE