



MEDICAL STAFFING, LLC

EMPLOYMENT APPLICATION

It is our policy to comply with all applicable state and federal laws and regulations prohibiting discrimination based on race, age, color, sex, religion, national origin, disability or veteran status, or other protected classification.

PLEASE PRINT

Name: _____ Date: _____

Social Security # _____

Address: _____

Telephone Number: _____ Alternate Number: _____

Email Address: _____

Are you over 18 years old? Yes No

Are you legally authorized to work in the United States? Yes No

Are you willing to work all hours, shifts or days as required? Yes No If no, please list those hours,

Shifts and days you are willing to work: _____

Are you willing to work overtime if asked? Yes No

Have you ever been convicted of a criminal offense? Do not include convictions that were sealed, expunged, eradicated, annulled, erased, vacated, set aside, or referred to a diversion program. Yes No

(Note: Conviction of a criminal offense will not necessarily disqualify you from employment.)

MILITARY HISTORY:

Branch: _____

Member of Reserves? Yes No Active Inactive

PROFESSIONAL LICENSURE/CERTIFICATIONS:

Type/Number: _____ State Issued: _____

Expiration Date: _____

Type/Number: _____ State Issued: _____

Expiration Date: _____

Type/Number: _____ **State Issued:** _____

Expiration Date: _____

COMPUTER/SOFTWARE SKILLS:

- Personal Computer WordPerfect Lotus Microsoft Word
 Microsoft Excel Microsoft PowerPoint Typing Speed Ten Key
 Graphics Software LAN/WAN Experience Other software skills

Experiences and other qualifications: _____

EDUCATION HISTORY:

Education	Name & Location of School	Did you graduate?	# of years completed	Degree or Diploma
High School				
College/University				
College/University				
Other Special Skills				

WORK HISTORY: (May we contact your present employer?) Yes No

Most Recent Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ _____ per	
Date Left:	Position on Leaving:
Salary on Leaving: \$ _____ per	
Name and Title of Supervisor:	Reason for Leaving:
Description of Duties:	

Previous Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ _____ per	
Date Left:	Position on Leaving:
Salary on Leaving: \$ _____ per	
Name and Title of Supervisor:	Reason for Leaving:
Description of Duties:	

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Previous Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ per	
Date Left:	Position on Leaving:
Salary on Leaving: \$ per	
Name and Title of Supervisor:	Reason for Leaving:
Description of Duties:	

Previous Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ per	
Date Left:	Position on Leaving:
Salary on Leaving: \$ per	
Name and Title of Supervisor:	Reason for Leaving:
Description of Duties:	

Previous Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ per	
Date Left:	Position on Leaving:
Salary on Leaving: \$ per	
Name and Title of Supervisor:	Reason for Leaving:
Description of Duties:	

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that all of the information set forth in this employment application is true, accurate, and complete to the best of my knowledge. To the extent permitted by law (and separate and apart from any background check that may be conducted pursuant to the Fair Credit Reporting Act (FCRA) Disclosure and Authorization Form attached to this application), I hereby authorize ADEX Medical Staffing, LLC to investigate any of the information set forth in this application, including, but not limited to, with respect to my background, professional/technical certification/licensure, and experience with former employers, education institutions, and any relevant agencies, hereby further authorize all such third parties to provide such information to ADEX Medical Staffing, LLC without restriction or qualification, and hereby release ADEX Medical Staffing LLC, Inc. and all such third parties from all liability and damages relating thereto.

I understand that, if any of the information set forth in this application is false, or if any information is omitted from this application, then it may lead to the rejection of my application or, if I become employed, then it may result in disciplinary action up to and including termination. I hereby give ADEX Medical Staffing, LLC permission to release information to clients for purposes of my employment.

I understand that, upon an offer of employment, I will be required to pass a drug test prior to employment.

I hereby authorize my agency to release any and all professional credentials, work verifications, criminal background check information and/or health information that have been acquired by Agency. I understand this information will be sent only to the clients where I will be working as an Agency employee, for the purpose of assuring that all required credentials and regulatory documentation as required by contract are in place and current prior to and during my assignment

I hereby release Agency and affiliates, schools, companies, former employers and all other persons named from all liability for any damages resulting from issuing this information.

Sign Name: _____

Print Name: _____

Date: _____