



Employment Application

Date of Application: ____/____/____

Last Name: _____ First Name: _____ MI _____

SS #: _____ - _____ - _____ If Under 18, Do you have a work permit? ____ Yes ____ No

Mailing Address: _____ City/State/Zip: _____

Primary Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____

Email: _____ @ _____ Date of Birth ____/____/____

How did you hear about iMed Centers? _____

Name of Emergency Contact: _____ Phone: (____) _____ - _____

Position Desired

Specific Position Applied for: _____ Salary Expected: _____

Date(s) / Time(s) Available: M _____, T _____, W _____, TH _____, F _____, Sat _____

Availability: ____ PT ____ FT Are you willing to work weekends: ____ Yes ____ No

License and Certification

Type: _____ State: _____ Date Received: _____

Type: _____ State: _____ Date Received: _____

Education

Are you currently attending school? ____ Yes ____ No Course of Study: _____

High School: _____ Graduate: ____ Yes ____ No Degree: _____

College: _____ Graduate: ____ Yes ____ No Degree: _____

Employment History

Please check the box that best describes your attendance at your most recent place of employment

_____ Excellent _____ Good _____ Average _____ Poor

1. List names of present and former employers, beginning with most recent.
2. Explain gaps in employment (attach additional sheet if necessary).
3. Record U.S. Military Service as a position
5. May we contact your present employer? _____ Yes _____ No

1) Position/Title: _____ Reason for Leaving: _____

Responsibilities: _____

Employer & Phone #: _____ Ending Salary: _____

Address: _____ City: _____ Zip Code: _____

2) Position/Title: _____ Reason for Leaving: _____

Responsibilities: _____

Employer & Phone #: _____ Ending Salary: _____

Address: _____ City: _____ Zip Code: _____

3) Position/Title: _____ Reason for Leaving: _____

Responsibilities: _____

Employer & Phone #: _____ Ending Salary: _____

Address: _____ City: _____ Zip Code: _____

I understand that this employment application and any other iMed Centers documents are not contracts of employment, express or implied, and that if hired, that I may voluntarily leave employment, or may be terminated by the company at any time, for any reason, with or without cause. I understand that any oral or written statements to the contrary are hereby expressly disavowed and will not be relied upon by me.

Please initial the following statements:

I certify that the information provided by me is true and complete for all practical purposes, and that it may be verified by iMed Centers. _____ Should a position be offered and later it is found that information is untrue, incomplete, or misrepresented, I understand and agree that iMed Centers is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to discharge without recourse. _____ I understand that my employment is dependent upon my supplying proof that I am authorized to work in the United States. _____

Signature: _____ Date _____ / _____ / _____