



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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_