



APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last name	First	Middle	Date
	Street Address			Home Telephone
	City			Business Phone
	Have you ever applied for employment with MedLink Georgia, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give month and year:			Social Security Number
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked?
	Are you legally eligible for employment in the United States?			When are you available to begin work?
	Other special training or skills (language, machine operations, etc.)			

E D U C A T I O N	School	Name and location of school	Course of Study	No. Of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate					
	College					
	Technical/Business					
	High School					
	Elementary					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS
(Exclude those which may disclose race, color, religion or national origin)

EMPLOYMENT		Please give accurate, complete, full and part-time employment record. Start with your present or most recent employer.	
1	Company Name		Telephone
	Address		Employed (Month and Year) From _____ to _____
	Name of Supervisor		Weekly Pay Start _____ Last _____
	Job Title		Reason for leaving
	Description of work		
2	Company Name		Telephone
	Address		Employed (Month and Year) From _____ to _____
	Name of Supervisor		Weekly Pay Start _____ Last _____
	Job Title		Reason for leaving
	Description of work		
3	Company Name		Telephone
	Address		Employed (Month and Year) From _____ to _____
	Name of Supervisor		Weekly Pay Start _____ Last _____
	Job Title		Reason for leaving
	Description of work		
We may contact the employers listed above unless you indicate those you do not want us to contact.		DO NOT CONTACT	
		Employer Number(s) _____ Reason _____	
MILITARY		Did you serve in the U.S. Armed Forces	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, in what branch? Dates? _____			
Describe any training received relevant to the position for which you are applying:			
S I G N A T U R E	The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.		
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.		
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.			
_____		_____	
Date		Signature	