



P.O. Box 190996

Atlanta, GA 31119

Telephone: (404) 633-7433

EMPLOYMENT APPLICATION

MedSide believes that all individuals deserve equal treatment with respect to employment. We do not discriminate on the basis of race, color, sex, national origin, religion, disability, age, or veteran status.

PERSONAL INFORMATION

<u>LAST NAME</u>		<u>FIRST NAME</u>		<u>MIDDLE INITIAL</u>	<u>SOCIAL SECURITY NUMBER</u>
<u>CURRENT ADDRESS</u>		<u>CITY</u>		<u>STATE</u>	<u>ZIP CODE</u>
<u>MAIN PHONE NUMBER</u> () ()		<u>ALTERNATE PHONE NUMBER</u> () ()		<u>E-MAIL ADDRESS</u>	
<u>DAYS AVAILABLE</u> M TU W TH F ST SN		<u>HOURS / SHIFTS AVAILABLE</u> DAYS EVENINGS NIGHTS		<u>POSITION DESIRED</u>	
				<u>DATE YOU CAN START WORK</u>	
				<u>SALARY DESIRED</u> \$	

- How did you hear about MedSide Home Health Care? If a current employee referred you, who should we thank?

- Have you ever been known by any other names? (i.e. maiden name) YES NO
If YES, please explain: _____
- Have you ever worked for this company before? YES NO
If YES, please explain: _____
- Do you have any friends or relatives that work for MedSide, Corporation? YES NO
If YES, please explain: _____
- Do you speak any languages other than English? YES NO
If YES, please explain: _____
- Do you have any pending felony or misdemeanor charges against you? YES NO
If YES, please explain: _____
- Within the last seven years, have you been convicted of a misdemeanor, other than a minor traffic infraction, or a felony? YES NO
If YES, please explain: _____
- Are you at least 18 years of age? YES NO
- Are you eligible to work in the United States YES NO

EDUCATION HISTORY

	<u>NAME AND LOCATION</u>	<u>DID YOU GRADUATE</u>	<u>FIELD OF STUDY / MAJOR / DEGREE</u>
<u>HIGH SCHOOL / G.E.D.</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>TECHNICAL SCHOOL / COLLEGE</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>GRADUATE SCHOOL</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>CERTIFICATES</u>	<u>TYPE</u>	<u>ISSUING AGENCY</u>	<u>CERTIFICATE NUMBER / EXPIRATION DATE</u>
<u>LICENSES</u>	<u>TYPE</u>	<u>ISSUING AGENCY</u>	<u>LICENSE NUMBER / EXPIRATION DATE</u>

MILITARY SERVICE

Have you ever served in the Armed Forces? YES NO

<u>BRANCH</u>	<u>SPECIALTY</u>	<u>FINAL RANK</u>	<u>DISCHARGE DATE</u>
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EMPLOYMENT HISTORY

Please include a complete history for at least 5 years, with any gaps in employment explained. Start with your most recent employer. Attach resume for explanation of duties performed or additional sheets if needed.

<p>1. <u>NAME AND ADDRESS OF PREVIOUS EMPLOYER:</u></p> <p>TITLE: _____</p> <p>FINAL SALARY: \$ _____ PER HOUR / YEAR</p> <p>DESCRIBE THE DUTIES YOU PERFORMED AND SKILLS USED:</p>	<p>EMPLOYMENT DATES: FROM _____ To _____</p> <p>NAME OF PREVIOUS SUPERVISOR: _____</p> <p>PHONE NUMBER: ()</p> <p>MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>REASON FOR LEAVING:</p>
<p>2. <u>NAME AND ADDRESS OF PREVIOUS EMPLOYER:</u></p> <p>TITLE: _____</p> <p>FINAL SALARY: \$ _____ PER HOUR / YEAR</p> <p>DESCRIBE THE DUTIES YOU PERFORMED AND SKILLS USED:</p>	<p>EMPLOYMENT DATES: FROM _____ To _____</p> <p>NAME OF PREVIOUS SUPERVISOR: _____</p> <p>PHONE NUMBER: ()</p> <p>MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>REASON FOR LEAVING:</p>
<p>3. <u>NAME AND ADDRESS OF PREVIOUS EMPLOYER:</u></p> <p>TITLE: _____</p> <p>FINAL SALARY: \$ _____ PER HOUR / YEAR</p> <p>DESCRIBE THE DUTIES YOU PERFORMED AND SKILLS USED:</p>	<p>EMPLOYMENT DATES: FROM _____ To _____</p> <p>NAME OF PREVIOUS SUPERVISOR: _____</p> <p>PHONE NUMBER: ()</p> <p>MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>REASON FOR LEAVING:</p>

_____ I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the facts contained in this application are true and complete to the best of my knowledge. I certify that I personally completed this application. I understand that falsification, or omission of any information on this application or on any other document used to secure employment shall be ground for rejection of this application or, if employed, shall be grounds for immediate discharge, regardless of the time elapsed before discovery.

_____ I understand that I may be subject to a drug screen prior to being hired, or at the request of my supervisor or any other manager, during my employment if employed. I understand that if I test positive for controlled and/or mood altering then I will not be hired.

_____ I have never abused, neglected, sexually assaulted, exploited, or deprived any person, nor subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

_____ I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

_____ I understand that this application is not a contract for employment. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

_____ I agree that if employed, that during my employment I will not engage in any activity that would compete with the business of MedSide; I will not enter into any agreement which conflicts with my duties or obligations to MedSide; and I will not either during, or within one year after your employment ends, directly or indirectly solicit or encourage any employee, client, referral source, or others to terminate or alter their relationship with MedSide.

Signature of Applicant

Date

FOR OFFICE USE ONLY

<u>APPLICATION REVIEWED BY</u>	<u>DATE</u>	<u>RECOMMENDED ACTION</u>
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