

APPLICATION FOR EMPLOYMENT



2172 Reserve Park Trace
Port St. Lucie, FL 34986
Phone: 772-460-0122 Fax: 772-460-8355

TECHMED SOLUTIONS, INC. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

PERSONAL:

Name _____ Date _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Sought _____ Full Time ___ Part Time

Date Available _____ Salary Desired _____

Phone Number _____

Are you over 18 years old? ___ Yes ___ No

Are you legally eligible for employment in the United States? _____ Yes _____
No

(If offered employment, you will be required to provide documentation to verify eligibility.)

EDUCATION: Please indicate education or training which you believe qualifies you for the position you are seeking.

High School: No. of Yrs Completed (circle one) 1 2 3 4

Diploma: ___ Yes ___ No **G.E.D.:** ___ Yes ___ No

School(s) _____ City/State _____

College and/or Vocational School:

Number of Years Completed (circle one) 1 2 3 4

School(s) _____ City/State _____

Major _____ Degrees Earned _____

Other Training or Degrees:

School(s) _____ City/State _____

Course _____ Degree or Certificate Earned _____

PROFESSIONAL LICENSE OR MEMBERSHIP:

Type of License(s) Held _____

State of Virginia License Number _____

License Expiration Date _____

Other Professional Memberships _____

(You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.)

**This application for employment is good for 30 days only.
Consideration for employment after 30 days requires a new application.**

SKILLS :

Office: Data Entry/ Excel or

Typewriter _____ wpm. Lotus 1 ,2,3 CRT Other:

Word Processing WordPerfect MSWord
Other _____

Other Software Skills _____

Have you ever been employed in any facility of Techmed Solutions? Yes No
If so, please state facility name and location and dates of employment

RECORD OF CONVICTION :

During the last ten years, have you ever been convicted of a crime other than minor traffic offense?

__ Yes __ No

If yes, explain: _____

(A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered).

EMPLOYMENT: List last employer first, including U.S. Military Service.

May we contact your present employer? ____ Yes ____ No

If any employment was under a different name, indicate name _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT __ PT __ No. of Hrs. ____

Reason for Leaving _____

Employer _____ Address _____

Telephone _____ Position _____

Dates of Employment: From _____ To _____
Mo/Yr Mo/Yr

Salary _____ Supervisor _____ Department _____

Duties _____ FT __ PT __ No. of Hrs. ____

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Duties _____ FT __ PT __ No. of Hrs. ____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Explain any gaps in work history: _____

Have you ever been discharged or asked to resign from a job? __Yes __No

If yes, explain: _____

REFERENCES:

Professional

Personal

Name _____

Address _____

Phone (____) _____

Name _____

Address _____

Phone (____) _____

Name _____

Address _____

Phone (____) _____

Name _____

Address _____

Phone (____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize [Company] to verify their accuracy and to obtain reference information on my work performance. I hereby release [Company] from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant _____ Date: _____