

Application for Employment



An Equal Opportunity Employer. Medics First is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, color, religion, creed, national origin or ancestry, sex, age, physical or mental disability, pregnancy, veteran or military status, certain unfavorable discharges from military service, genetic information, sexual orientation, marital status, order of protection status, citizenship status, arrest record or expunged or sealed convictions, or any other legally recognized protected basis under federal, Illinois, or local law.

Accommodations. Consistent with the Americans with Disabilities Act and the Illinois Human Rights Act, you may request reasonable accommodations needed to participate in the application process due to a disabling condition or pregnancy.

Position applied for: _____

Date: _____

General Information

Name:

_____ Last

_____ First

_____ Middle

All other names under which you attended school or work:

Address:

_____ Street

_____ City

_____ State

_____ Zip

_____ Years at this residence

Phone number:

_____ home

_____ cell

_____ email

Best contact method:

If phone, best time to contact: _____

Can you perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?

Yes No

Can you provide proof of eligibility to work in the United States?

Yes No

Documentation must be provided within 3 business days of hire. Common documentation for US citizens include a passport OR a Driver's License AND Social Security card or Birth Certificate; for immigrants/non-residents typically a Permanent Resident Card or Employment Authorization Document or other documents as allowed by form I-9 can be used. Visit uscis.gov for details.

Availability

Are there any days or times during a typical week that you can not work? Yes No

If yes, please explain:*

Are you looking for: Full-Time Part-Time

Total hours per week desired: _____ **Requested salary:** \$ _____ per _____

Date available for work: _____

*You are not obligated nor will MEDICS FIRST ask you to disclose whether you might request time off during these hours for religious practices. Applicants who require an accommodation for religious practices will not be excluded from consideration or otherwise subjected to discrimination or retaliation.

Education

High School Name:		City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, highest grade completed?	GED received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date GED received?
College Name:		City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:	
Other School Name:		City	State
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:	Degree:	

Office/Technical Skills

Keyboard: _____ WPM
 10 Key _____ KPH
 MS Windows versions: _____
 Access
 Excel
 PowerPoint
 Word
 Other software: _____

Language Skills

Indicate languages you are proficient in:

_____ Read Write Speak
 _____ Read Write Speak
 _____ Read Write Speak
 _____ Read Write Speak

Other training

Describe any specialized training, apprenticeships, job-related skills, or relevant extra-curricular activities. Include training received in the US military.

Professional

Has your professional license and/or certification ever been suspended or revoked?
 Yes No
 If yes, please explain: _____

Have you ever been excluded or are you currently excluded from participating in any federal health program such as Medicare or Medicaid?
 Yes No
 If yes, please explain: _____

Employment Experience

Start with your present or most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which may indicate race, color, religion, gender, national origin, any disability or other protected status.

This section must be completed in full, even if attaching a resume.

1. Current or Most Recent Employer:		Dates Employed			
		From		To	
Job Title	Supervisor's Name and Title				
Address	City	State	Phone		
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

2. Previous Employer:		Dates Employed			
		From		To	
Job Title	Supervisor's Name and Title				
Address	City	State	Phone		
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

3. Previous Employer:		Dates Employed			
		From		To	
Job Title	Supervisor's Name and Title				
Address	City	State	Phone		
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

4. Previous Employer:		Dates Employed			
		From		To	
Job Title	Supervisor's Name and Title				
Address	City	State	Phone		
Duties					
Reason for Leaving		May we contact this employer?		If no, briefly explain:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Please explain any gaps in employment following this employment					

References

Please provide three persons, not related to you, whom you have known at least one year. Please indicate individuals who can speak to your work performance.

1. Name	Telephone #	Years Acquainted
Mailing Address	Relationship	
2. Name	Telephone #	Years Acquainted
Mailing Address	Relationship	
3. Name	Telephone #	Years Acquainted
Mailing Address	Relationship	

Interest

Why are you considering a career with us?

Agreement to Terms

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.

1. **Certification of Truthfulness:** I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if Medics First (MEDICS FIRST), at any time, should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged.
 2. **Employment at Will:** If hired by MEDICS FIRST, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to MEDICS FIRST; I agree that MEDICS FIRST also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.
 3. **Authorization to Work:** If I am selected for hire, I will be offered employment provided I certify and produce applicable documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.
 4. **Drug Testing:** I agree to provide MEDICS FIRST with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.
 5. **Physical Exam and Release of Medical Information:** I understand that any job offer will be conditioned on passing a physical exam. I authorize every medical doctor, physician, or other health care provider (HCP) to provide any and all information, including but not limited to medical reports, laboratory reports, X-rays, or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test, or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician, or other HCP until a job offer has been made.
 6. **Background Check and Release.** In connection with my application, I understand that investigations and lawful inquiries may be made concerning my background and qualifications, including but not limited to my past employment or employment references, education, credit history, criminal convictions and history, motor vehicle reports, and other inquiries. Likewise, if hired by MEDICS FIRST, future employers may seek such information from MEDICS FIRST. By signing this application/statement, I hereby authorize and release without reservation all parties, including MEDICS FIRST and its parent, affiliates, employees, or representatives, from any and all claims, actions, suits and/or liabilities arising from the release or pursuit of any such information. I understand that this release does not operate to relieve any party of liability under applicable non-discrimination and fair employment practices laws.
 7. **Disclosures:** I agree that the contents of any offices, work spaces, desks, computer and computer generated data, any MEDICS FIRST property I may be using, and any of my own property I bring onto MEDICS FIRST's premises, may be inspected by MEDICS FIRST at any time it determines there is reasonable cause to do so, and I waive and promise not to make any claims against MEDICS FIRST (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by MEDICS FIRST, I will not disclose to anyone or use for my own purposes, any of MEDICS FIRST's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to MEDICS FIRST all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any of the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible.
- Consideration for Employment:** I agree to the above terms of employment if I am employed by MEDICS FIRST. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a signed contract authorized by a written resolution of MEDICS FIRST, and that no person in MEDICS FIRST has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of MEDICS FIRST are subject to exception or change at any time as decided by MEDICS FIRST in its sole discretion.

I understand and agree that, if hired, I will abide by the operational and employment guidelines established by MEDICS FIRST including the guidelines on employee conduct. **As a condition of employment, I acknowledge that I received, read, and if hired, agree to strictly abide by MEDICS FIRST's Equal Employment Opportunity and Non-Retaliation Policy and Sexual and Other Discriminatory Harassment Policy attached to this application.** Conduct, whether intentional or unintentional, which results in the harassment of others, regarding sex, race, color, religion, age, national origin, sexual orientation, disability, or any other protected characteristic as established by federal, state, and local law is illegal and will not be tolerated. Such conduct violates MEDICS FIRST policy and will result in disciplinary action, up to and including termination of employment.

I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

If this application was completed in conjunction with an online Application for Employment, I acknowledge that my electronic signature is as valid as a traditional signature in accordance with the Fair Credit Reporting Act (FCRA), the Electronic Signatures in Global and National Commerce Act (ESIGN), and FTC guidelines.

I have read and understand the items listed in the Application for Employment, including this page, and acknowledge that with my signature below.

Date _____ Signature of Applicant _____