



## APPLICATION FOR EMPLOYMENT

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Equal Opportunity Employer

### PERSONAL

Name \_\_\_\_\_ SS # \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Other Names used

Present Address \_\_\_\_\_  
No. Street City State Zip County

Home Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone (\_\_\_\_) \_\_\_\_\_  
Area Area

Email \_\_\_\_\_ @ \_\_\_\_\_

- Yes  No Have you ever worked for **medsense, LLC** previously?
- Yes  No Have you ever applied with **medsense, LLC** before?
- Yes  No Are you 18 years of age or older?
- Yes  No Do you have the right to work in the U.S.?
- Yes  No Have you ever been convicted of a felony offense? If yes, explain. \_\_\_\_\_

How did you hear about medsense, LLC? \_\_\_\_\_

Referred by: \_\_\_\_\_

Job(s) applying for: 1. \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_ per \_\_\_\_\_  
2. \_\_\_\_\_ Rate of Pay Expected \$ \_\_\_\_\_ per \_\_\_\_\_

Shifts available for work  7a – 3p  3p – 11p  11p – 7a  7a – 7p  7p – 7a

Days available for work  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Type of Position Desired  Full time  Part time Date available to begin work \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Type of School	Name and Address	Circle Highest Level Completed					Course/Major
		9	10	11	12		
		1	2	3	4	4+	
		1	2	3	4	4+	

## WORK HISTORY

List all positions in order starting with last position first. For all periods of unemployment, please give explanation.

Dates		Name and complete address of Employer	Rate of Pay		Supervisors Name, Title, Telephone No.	Reason For Leaving	May We Contact
From	To		Start	Finish			
							<input type="checkbox"/> YES
							<input type="checkbox"/> NO
List Title and Duties							

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From	To		Start	Finish			
							<input type="checkbox"/> YES
							<input type="checkbox"/> NO
List Title and Duties							

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							<input type="checkbox"/> YES
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List Title and Duties							

**LICENSES/CERTIFICATION**

Type of Certification/License	Certifying/Licensing Agency	License No.	Expiration Date
			____/____/____
			____/____/____
			____/____/____

**REFERENCES**

1. NAME: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_
2. NAME: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_
3. NAME: \_\_\_\_\_

Company: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**PLEASE READ CAREFULLY  
APPLICANT'S CERTIFICATION AND AGREEMENT**

If employed by **medsense** LLC, I will abide by its rules and regulations. I also agree to physical and medical examinations and/or tests at any time as permitted by law and agree that the examining physician may disclose to the Company or its representatives the results.

I give the Company my permission to conduct any investigation regarding the information contained in my employment application which the Company deems necessary to determine my qualifications for assuming a job with the company. I give the Company my permission to contact any police (city and state) and judicial jurisdictions, including the Federal Bureau of Investigation, former employer, school, college or university, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation or credit, criminal, education, or employment record. I also unconditionally release the Company and all named and unnamed sources from any and all liability which might arise from furnishing any information about me.

All of the foregoing information I have supplied in this application is a full and complete statement of the facts, and it is understood that if any falsification be discovered, it will constitute grounds for non-hire or dismissal upon discovery thereof, **I also understand that this application is not a contract of employment and that if I am employed by medsense LLC, I will be an at-will employee and I may voluntarily leave my employment or my employment may be terminated by medsense LLC, at any time for any reason. I acknowledge that no contrary written or oral statements have been made to or relied upon by me regarding the length of my employment with medsense LLC, or the reasons for which my employment can be terminated.**

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please sign)