



## APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer dedicated to a policy of nondiscrimination in employment on any basis including race, color, religion, age, gender, national origin, disability, veteran status, marital status, pregnancy, sexual orientation and any other characteristic or status protected by law.

(If completing in person, please print in ink)

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone Number: \_\_\_\_\_

Position Applying For: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

Requested Salary: \_\_\_\_\_

Type of employment desired:  Full Time  Part Time  Occasional

How were you referred to our organization? \_\_\_\_\_

If referred by a current MicroCare Corporation employee, please state name: \_\_\_\_\_

### GENERAL INFORMATION

Are you legally eligible to work in the USA?  Yes  No

*(Proof of identity and eligibility will be required upon offer of employment)*

Are you over the age of 18?  Yes  No *(If no, you will be required to provide authorization to work)*

Is there any information we would need about your name or use of another name for us to be able to check your work record?  Yes  No Please specify: \_\_\_\_\_

Have you ever applied for employment at MicroCare Corporation?  Yes  No  
If yes, when? \_\_\_\_\_

Have you ever been employed by MicroCare Corporation?  Yes  No  
If yes, when? \_\_\_\_\_

Name and relationship of any relatives currently or previously employed by MicroCare Corporation?  
\_\_\_\_\_

**Answer the following questions only if you are applying for a position involving the use of Company vehicles or driving your own vehicle on a regular basis:**

1. Have you had any motor vehicle accidents or been convicted more than once for any motor vehicle violations within the past 5 years?     Yes     No    If yes, please explain: \_\_\_\_\_
2. Do you hold a driver's license in good standing?  Yes     No  
If no, please explain: \_\_\_\_\_

**WORK AVAILABILITY**

On what date would you be available to begin work? \_\_\_\_\_

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have any objection to working overtime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you work overtime without prior notice?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you work on Saturday if required?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you work on Sunday if required?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Can you travel if the job requires it?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**EDUCATIONAL HISTORY**

SCHOOL	NAME/LOCATION	MAJOR/MINOR	YEARS COMPLETED	DEGREE/ DIPLOMA
HIGH SCHOOL				
COLLEGE				
BUSINESS/ TECHNICAL TRAINING				
OTHER				

**UNEMPLOYMENT RECORD**

Account for all periods of unemployment of 2 weeks duration or more in the past 5 years.

FROM		TO		STATE WHAT YOU WERE DOING DURING THIS PERIOD
MO	YR	MO	YR	

**EMPLOYMENT RECORD**

Please list all prior employers within the past 5 years starting with current or most recent employer. Complete this section even if the information is listed on your resume.

NAME AND ADDRESS OF COMPANY	FROM		TO		JOB TITLE	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR					
Phone									
NAME AND ADDRESS OF COMPANY	FROM		TO		JOB TITLE & JOB DUTIES	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR					
Phone									
NAME AND ADDRESS OF COMPANY	FROM		TO		JOB TITLE & JOB DUTIES	STARTING SALARY	ENDING SALARY	REASON FOR LEAVING	NAME OF SUPERVISOR
	MO	YR	MO	YR					
Phone									

**NOTE:** Use separate sheet of paper if necessary, to list additional employers. We will contact the employers listed above unless you indicate otherwise below.

DO NOT CONTACT \_\_\_\_\_ REASON \_\_\_\_\_  
 DO NOT CONTACT \_\_\_\_\_ REASON \_\_\_\_\_

**REFERENCES**

(other than relatives)

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Type of Reference:  Personal  Business

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Type of Reference:  Personal  Business

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Type of Reference:  Personal  Business

**TO ALL APPLICANTS: PLEASE READ THIS SECTION CAREFULLY AND SIGNIFY YOUR UNDERSTANDING BY SIGNING YOUR NAME IN THE SPACE SO INDICATED. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM OF THE INTERVIEWER BEFORE SIGNING.**

I understand that **MicroCare Corporation** follows an “employment at will” policy, in that I or **MicroCare Corporation** may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this “employment at will” policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of **MicroCare Corporation**. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand this application will be active for a period of 60 days; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that **MicroCare Corporation** may thoroughly investigate my work and personal history and verify all data given on this application, on related papers and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true, correct, and complete to the best of my knowledge. I understand that any falsification or willful omission of fact on this application shall be considered sufficient cause for dismissal or refusal of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**APPLICANT: PLEASE DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY (1) \_\_\_\_\_ DATE: \_\_\_\_\_

(2) \_\_\_\_\_ DATE: \_\_\_\_\_

OFFERED POSITION:  Yes Date: \_\_\_\_\_  No

ACCEPTED POSITION:  Yes Date: \_\_\_\_\_  No

START DATE: \_\_\_\_\_ RATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_