



## Employment Application

<b>APPLICANT INFORMATION</b>			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Wage	
Position (s) Applying for:			
Days/Times avail to work?			
Are you a citizen of the United States?    YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company?    YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony?    YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

<b>EDUCATION</b>				
High School			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College			Address	
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<b>REFERENCES</b>	
Please list three professional references.	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	
Full Name	Relationship
Company	Phone (    )
Address	

<b>PREVIOUS EMPLOYMENT</b>	
Company	Phone (    )
Address	Supervisor

Job Title	Starting Wage/Salary \$	Ending Wage/ Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ( )
Address		Supervisor
Job Title	Starting Wage/ Salary \$	Ending Wage/ Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone ( )
Address		Supervisor
Job Title	Starting Wage/ Salary \$	Ending Wage/ Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

**Please send completed application to:**  
**Medics At Home**  
**Attn: Employment**  
**5935 Henninger Drive**  
**Omaha NE 68104**  
**Or: [jobs@medicsathome.com](mailto:jobs@medicsathome.com)**

Note: Completion of items below are strictly voluntary:

<b>MILITARY SERVICE</b>	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>DEMOGRAPHICS</b>		
Date of Birth	Gender	Race