

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you authorized to work in the U.S.? YES NO How were you referred to us? _____
 Have you ever worked for this company? YES NO If so, when? _____
 Have you ever been convicted of a felony? YES NO
 If yes, explain: _____

Education

High School: _____ Address: _____
 Did you graduate? YES NO YES NO Degree: _____

College: _____ Address: _____
 YES NO Degree: _____

Other: _____ Address: _____
 YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Contingency Training and Licenses

List any training, certificates, and licenses:

Type: _____

Expiration Date: _____

Type: _____

Expiration Date: _____

Type: _____

Expiration Date: _____

Disclaimer and Signature

Authorization:

1. I certify that I have read and fully completed all pages of this application and that all information contained herein is correct to the best of my knowledge and understand that any omission or erroneous information is grounds for dismissal in accordance with MedMark Services, Inc. and MedMark Treatment centers policy.
2. I authorize the references listed on this application to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.
3. I acknowledge that MedMark Services, Inc. and MedMark Treatment Centers reserves the right to amend or modify the policies in its Handbook and other MedMark policies at anytime, without prior notice. These policies do not create any promise or contractual obligations between MedMark Services, Inc. and MedMark Treatment Centers and its employees. At MedMark Services, Inc. and MedMark Treatment Centers my employment is at will. This mean I am free to terminate my employment at anytime, for any reason, with or without cause, and MedMark Services, Inc. and MedMark Treatment Centers retains the same rights.
4. I understand, and do hereby authorize, that as a part of the procedure for my employment application an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request, additional disclosure concerning the complete nature and scope will be provided. If I am denied a job based either wholly or in part because of information contained in an investigative consumer report, I will be provided the name and address of the reporting agency that supplies the information.

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Signature: _____ Date: _____