

EMPLOYMENT APPLICATION



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address			
City	State	ZIP	
Phone	E-mail Address		
Date Available	Job ID	Desired Salary	
Position Applied for			
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?
Are you willing to accept employment full time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Part time YES <input type="checkbox"/> NO <input type="checkbox"/>

EDUCATION			
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
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
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 employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

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

PROFESSIONAL LICENSES AND OR CERTIFICATIONS	EXPIRATION DATE (S)
Type	Date
Type	Date
Please list all languages spoken other than English and level of fluency. Fluent_____ Partial_____ Limited_____ Read_____ Write_____	

HAVE YOU EVER BEEN DISCHARGED FROM OR ASKED TO LEAVE EMPLOYMENT? IF YES PLEASE PROVIDE DETAILS.

DRUG FREE WORKPLACE ACKNOWLEDGEMENT AND CONSENT

I understand that Hidalgo Medical Services, HMS, maintains a drug-free workplace and that I will be required to undergo a post-offer drug screen. Additionally, I understand that I may be subject to drug and or alcohol screening during the course of my employment under specified terms and conditions, and the results of such screening may be grounds for disqualifying me or terminating my employment. I hereby consent to such testing. I authorize the testing laboratory to release my test results to HMS and designated supervisors and managers on a need to know basis.

If there is a positive test result, I understand that HMS may ask me to provide and I agree to provide information about any legal non-prescription drugs and other drugs for which I have a prescription that I take routinely or have taken within the last thirty days. I understand that any communication I may have with the collections site personnel, testing laboratories does not create or imply any form of physician/patient relationship.

I acknowledge that a telephonic or photographic copy of this document shall be as valid as the original.

I understand that any offer of employment, or continued employment, is conditioned upon HMS' decision that the results of my background investigation and or drug testing are satisfactory.

Signature

Date

AUTHORIZATION TO OBTAIN CONSUMER/EMPLOYMENT REPORT ACKNOWLEDGEMENT AND CONSENT

In connection with my application for, or continued employment with, Hidalgo Medical Services, HMS, I authorize HMS to conduct an investigation into all factors that may bear upon my suitability for employment, including but not limited to criminal history reports, driving history reports, information from my personal and professional references and prior employers, and verification of my educational background, licensure, and or certification.

I authorize and direct all of my former employers to provide HMS with any and all information that they have regarding my background, work record, and employment history and to answer questions that HMS may ask. I specifically grant HMS permission to contact current and former employers for employment references and hold HMS harmless for any and all activities related to the gathering and use of information received by HMS pursuant to the verification with my former employers.

Signature

Date

Certification of Eligibility to Participate in Federal Health Care Programs

I certify that I am not subject to exclusion or debarment from participation in any federal health care program.

Signature

Date

Disclaimer and Signature

It is the policy of Hidalgo Medical Services, HMS to provide equal employment opportunities to all employees and applicants for employment without regard to race, color, religion, gender, national origin, age disability, or veteran status.
I understand that any offer of employment, or continued employment is conditioned upon HMS' decision that the results of my background investigation and drug screen test are satisfactory.

If employed, I will be required to complete an Employment Verification form (I-9), within three days to show satisfactory evidence of identity and eligibility for employment.

I understand that there may be conditions that require me to temporarily work shifts or additional locations other than the one for which I am applying and agree to such scheduling and location changes as directed by my supervisor/designee.

In consideration of my employment with HMS, should my application for employment be accepted, I understand and agree that my employment with HMS is "at will" meaning that either HMS or the employee can terminate employment at any time, with or without cause. I also understand that my employment may be terminated for any misstatement or omission of fact on the application form.

Signature

Date