

EMPLOYMENT APPLICATION

PLEASE PRINT OR TYPE

Date: _____

Name: _____

Last

First

MI

Preferred Name/Nickname

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Other Phone: _____

E-mail Address: _____

PLEASE CIRCLE YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: Full Time Part Time Temporary

Position(s) applying for: _____

Desired Pay: Hourly Pay \$ _____ Annual Pay \$ _____ \$ _____
(Minimum, if applicable) Minimum Desired

When are you able to start work? _____

In what local area do you prefer to work? _____

How did you hear about the position? Classified Ad Friend (Name) Radio Internet

Have you ever applied to work here before? Yes No If YES, enter date here: _____

Have you ever been employed here before? Yes No If YES, enter date here: _____

If you are hired for full time employment, are you able to work overtime if necessary? Yes No

Are you currently employed? Yes No If YES, may we contact your current employer? Yes No

Have you reviewed the current Job Description for the position you are applying for? Yes No

Do you have any relatives employed by Technical Life Care? Yes No If YES, please list full name(s) and

department: _____

All open positions offered by Technical Life Care Medical Company (Technical Life Care) are subject to specific job skill requirements, qualifications, and preferred experience. The job skill requirements, qualifications, and preferred experience are determined by Technical Life Care Management. Technical Life Care is not responsible for misrepresented or any false statements completed by the applicant. Questions/clarification pertaining to this application are to be addressed prior to signing and submitting this application. All positions are subject to employment laws and restrictions. Technical Life Care reserves the right to make changes to its application form at any time and without notice. Technical Life Care is an Equal Opportunity Employer (EOE) and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Technical Life Care complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Technical Life Care also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE CIRCLE YES OR NO

Are you authorized to work in the United States? Yes No

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Technical Life Care will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes No If YES, you may be ineligible for certain positions with Technical Life Care.

Are you capable of performing the essential functions of the position for which you are applying with or without reasonable accommodation? Yes No

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	YEAR GRADUATED	TYPE OF DEGREE OR DIPLOMA	GPA
HIGH SCHOOL OR PREP					
COLLEGE					
GRADUATE					
OTHER					

PROFESSIONAL CERTIFICATIONS:

CERTIFICATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
CERTIFICATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED



PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

Company Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Your Position/Title: _____ Start Date: _____ End Date: _____

Supervisor's Name Position/Title: _____ Supervisor's Phone: _____

Hours/Week: _____ Starting Pay: \$ _____ Final Pay: \$ _____

Major Duties: _____

Termination (Circle): Voluntary Involuntary Reason for leaving: _____

Company Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Your Position/Title: _____ Start Date: _____ End Date: _____

Supervisor's Name Position/Title: _____ Supervisor's Phone: _____

Hours/Week: _____ Starting Pay: \$ _____ Final Pay: \$ _____

Major Duties: _____

Termination (Circle): Voluntary Involuntary Reason for leaving: _____



Company Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Your Position/Title: _____ Start Date: _____ End Date: _____

Supervisor's Name Position/Title: _____ Supervisor's Phone: _____

Hours/Week: _____ Starting Pay: \$ _____ Final Pay: \$ _____

Major Duties: _____

Termination (Circle): Voluntary Involuntary Reason for leaving: _____

REFERENCES:

NAME	RELATIONSHIP	COMPANY	PHONE

SPECIAL QUALIFICATIONS OR SKILLS:

Use this space to describe any special qualifications or skills you have acquired through special training, prior employment, volunteer work, or general experience: _____

FOREIGN LANGUAGES:

Indicate foreign language(s) you are fluent in: _____

MEMBERSHIPS:

List Business, Trade, Professional, Community, or Activities Memberships and any offices you may have held (exclude any organizations the name and character of which would reveal race, religion, national origin or any other protected status):

MILITARY SERVICE:

Were you a member of the U.S. Armed Forces? Yes No If YES, Branch: _____

Years served: _____ Rank at discharge: _____

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition, or process affecting its employees.

References: I hereby authorize the company and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

I understand that this application will be considered valid for a period of 180-days from the date of my signature. After 180-days, it will be necessary for me to submit a new application.

SIGNED:**DATE:**