



Employment Application

PLEASE FILL IN EACH SECTION COMPLETELY.

PERSONAL INFORMATION			
Date	Social Security #		Driver's License # & State
First Name	Middle Name	Last Name	Maiden Name
Current Street Address		Apt #	City, State, Zip Code
Home Telephone #	Cell Telephone #	E-mail Address	

DESIRED EMPLOYMENT		
Position Desired	Date you can start	Desired salary
How were you referred? Self___ Website___ Agency___ Friend___ Employee___ (name of employee _____) Other___		
Are you 18 years of age or older? Yes___ No___		
Have you ever worked for MedInc of Texas? Yes___ No___ If yes, when? _____		
Are you legally authorized to work in the United States? Yes___ No___		
Are you currently Employed? Yes___ No___ If so, may we contact your current employer? Yes___ No___		

PREVIOUS ADDRESSES (Account for past 7 years, including dates):				
Street	Apt #	City, State, Zip	County	Dates

EDUCATIONAL BACKGROUND			
School	Major/Area of Study	Years Attended	Degree Earned
High School Name & Location			
College/University Name & Location			
Graduate School Name & Location			
Other:			

MEDINC OF TEXAS – CONFIDENTIAL BACKGROUND INFORMATION

EMPLOYMENT HISTORY			
List your employers for the last seven (7) years, starting with your current/most recent employer.			
(Current or Most Recent) Employer Name:	May we contact your Supervisor? Yes ___ No ___	Supervisor's Name:	
Address of Employer:	If yes, please provide your supervisor's contact information.	Phone Number:	Supervisor's Email:
Start Date:	Position Held:	Beginning Salary:	Ending Salary:
End Date:	Duties and Responsibilities:		
Reason for leaving:			
Employer Name:	May we contact your Supervisor? Yes ___ No ___	Supervisor's Name:	
Address of Employer:	If yes, please provide your supervisor's contact information.	Phone Number:	Supervisor's Email:
Start Date:	Position Held:	Beginning Salary:	Ending Salary:
End Date:	Duties and Responsibilities:		
Reason for leaving:			
Employer Name:	May we contact your Supervisor? Yes ___ No ___	Supervisor's Name:	
Address of Employer:	If yes, please provide your supervisor's contact information.	Phone Number:	Supervisor's Email:
Start Date:	Position Held:	Beginning Salary:	Ending Salary:
End Date:	Duties and Responsibilities:		
Reason for leaving:			
CRIMINAL BACKGROUND			
Have you ever been convicted of a crime, pleaded guilty or no contest (nolo contendere) to a crime, or received deferred adjudication for a crime (other than a minor traffic violation)? Yes ___ No ___			
<i>(A criminal conviction is not necessarily a bar from employment. The nature and time of the offense will be taken into consideration.)</i>			
If YES, Please provide an explanation (including dates):			

I certify that all the information provided by me in this document is true and complete, and I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire, or if hired, termination. I hereby authorize MedInc of Texas, and/or any of their authorized agents to gather information regarding the following:

1. All records including criminal, credit, driving (where required by position), and/or education.
2. Information from previous employers.
3. Any other pertinent information relating to the successful function of the job for which I am applying.

Additionally, I authorize any of the persons or organizations referenced in this questionnaire to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this questionnaire, and I release all such parties from all liability from any damages which may result for furnishing such information to MedInc of Texas.

I understand a background profile verification will be conducted to ensure the business standards of MedInc of Texas, and that its contents will be kept confidential. If I am employed with MedInc of Texas, I authorize the reinvestigation of any of the above information, at any time, during my term of employment. I understand that any offer of employment is contingent on completion of a satisfactory background investigation, passing a pre-employment drug screen and providing proof of U.S. citizenship or right to work in the U.S.

If employed, I agree to conform to the rules and regulations of the company and acknowledge that my employment is at-will, and that my employment can be modified or terminated with or without cause, and with or without notice, at any time, at the option of either the company or myself.

I hereby acknowledge that I have read and understand the above statements.

SIGNATURE OF CANDIDATE

DATE