



APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in applying for employment with MedCorp, Inc. Your work history will assist us in reviewing your qualifications. Please fill in all applicable blanks with complete information.

PERSONAL INFORMATION

DATE: _____

Name:

_____	_____	_____	_____
Last	First	Middle	Social Security Number

_____	_____	_____	_____	_____
Present Address:	No. And Street or Apt #	City	State	Zip

_____	_____
Telephone Number:	Alternate Telephone Number:

EMPLOYMENT INFORMATION

Type of position applying for: _____

Date available to begin employment: _____

Type of Employment Desired: Full-Time_____ Part-Time_____

Hours/Days **not** Available: _____

Expected Salary/Hourly Rate: \$_____

Are you eligible to work in the U.S.? Yes_____ No_____

If not a U.S. Citizen, state visa type: _____

Are you on Layoff or subject to recall? Yes_____ No_____

How did you hear about us? Referral _____ Newspaper _____
 Website _____ Other _____

EDUCATION

_____	_____	_____	_____	_____	_____
High School	Address				City
_____	_____	_____	_____	_____	_____
Last Year Completed	1	2	3	4	Degree_____

_____	_____	_____	_____	_____	_____
College	Address				City
_____	_____	_____	_____	_____	_____
Last Year Completed	1	2	3	4	Degree_____

745 MedCorp Drive
Toledo, OH 43608

“Mobile Medical Services”

Phone: (419) 727-7000
Fax: (419) 726-7845



WORK EXPERIENCE

Please list your current or most recent employer first. Include summer work.

Company Name Address City State Zip Telephone Number

Position Held Supervisor's Name Dates Employed Ending Pay Rate

Reason for Leaving

Company Name Address City State Zip Telephone Number

Position Held Supervisor's Name Dates Employed Ending Pay Rate

Reason for Leaving

Company Name Address City State Zip Telephone Number

Position Held Supervisor's Name Dates Employed Ending Pay Rate

Reason for Leaving

May we contact your present employer? Yes_____ No_____

Do you have any experience in Medical Services? What type of experience have you had working with ill or disabled individuals?

Please list the different skills you feel qualify you for the position for which you are applying.

Do you have any Supervisory/Management Experience? Yes_____ No_____

If yes, please give detailed description of experience:

745 MedCorp Drive
Toledo, OH 43608

"Mobile Medical Services"

Phone: (419) 727-7000
Fax: (419) 726-7845



Have you ever been employed by MedCorp, Inc. before? Yes _____ No _____

If yes, give dates of employment. From ____/____/____ to ____/____/____

Do you have any family or friends who are currently employed by us? Yes _____ No _____

Have you been an Ohio resident for 5 years or more? Yes _____ No _____

If you are applying for a driving position, have you had 2 years of driving experience? Yes _____
No _____

Have you ever been convicted of any criminal activity? Yes _____ No _____

If Yes, state the crime(s), court(s), and sentence(s)

WORK REFERENCES

Please list three individuals (other than relatives) whom we may contact for work-related references:

Name	Title	Organization	Telephone Number

TERMS AND CONDITIONS OF APPLICATION AND EMPLOYMENT

I understand and agree that employment at MedCorp, Inc. is considered at will and may be terminated by either party with or without notice or cause, and that any verbal or written statements by the company prior to, at, or following the date of employment will not be considered an employment contract unless set out in writing, dated, and executed by both parties. I hereby authorize MedCorp to investigate fully all information contained in this employment application and to investigate any other information that may bear upon my employment, including, but not limited to criminal background and driving record. I also authorize the release of information regarding my previous employment to MedCorp, Inc through reference checks from previous employers and understand that this information will be used for employment purposes only and will remain confidential. I release MedCorp from liability or damages for compiling such information.

I understand that any offer of employment may be contingent upon my ability to pass a drug and alcohol screen test, my criminal background check, and driving record results, and to comply with INS regulations, as applicable to the position for which I am applying. I also understand that neither this document nor any offer of employment from MedCorp constitutes an employment contract. Further, I understand that this application will be considered active for a period of 90 days only, and that I will not be considered for employment after 90 days from the date of this application, unless I complete a new application at that time. I have read and understand the foregoing statements and accept the same as conditions of employment.

Applicant's Signature _____ Date: _____

745 MedCorp Drive
Toledo, OH 43608

“Mobile Medical Services”

Phone: (419) 727-7000
Fax: (419) 726-7845

