

MEDICAL BUSINESS RESOURCES, INC.

Application for Employment

PLEASE PRINT

PERSONAL

Name: _____ Date: _____

Address: _____ SS#: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (____) _____ Position desired? _____

Can you perform the essential functions of the position for which you are applying? YES
[] NO [] If no, please explain. (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question)

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []
(If no, you may be required to provide authorization to work.)

Have you ever worked under another name? YES [] NO [] If yes, what was it and what was the reason for the change?

Have you ever been convicted of a crime or violation other than a minor traffic infraction? YES [] NO [] If yes, please explain:
(A conviction will not necessarily result in the denial of employment.)

Have you ever worked for MBR before? YES [] NO []
If yes, where? _____

When? (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for MBR? YES [] NO [] If yes, who and where do they work?

Are you available to work: PART TIME FULL TIME If you cannot work full time, please explain:

Are you presently employed? YES NO If yes, may we contact your employer? YES NO If presently employed, why are you considering leaving?

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
Vocational or Trade School				
College				
Graduate School				

Have you completed any special courses, seminars and/or training that would enable you to perform the position for which you are applying?

YES NO If yes, please describe:

EMPLOYMENT Start with your present or most recent position

Name of Employer		Telephone Number ()
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed M/D/Y	Final Rate of Pay	Reason for Leaving
Describe the Work Performed		

Name of Employer		Telephone Number ()
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed M/D/Y	Final Rate of Pay	Reason for Leaving
Describe the Work Performed _____ _____		
Name of Employer		Telephone Number ()
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title
Dates Employed M/D/Y	Final Rate of Pay	Reason for Leaving
Describe the Work Performed _____ _____		

BUSINESS REFERENCES (not relatives or friends)	
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()
Name	Occupation
Full Address (Including Street, City, State & Zip) Street _____ City _____ State ____ Zip _____	Telephone Number ()

IMPORTANT: PLEASE READ AND SIGN

I understand that failure to reveal any prior employer or giving false or misleading information by me on any part of this Application for Employment may be grounds for termination from the company or its subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____

Do not write below this line

RESULTS

Employment Offered: YES [] NO []

Employment Accepted: YES [] NO []

If Yes, Job Title: _____

Department _____

Location _____

Date beginning Employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____

COMMENTS:
