



# Application for Employment

## An Equal Opportunity Employer

Each question should be answered completely. No action will be taken on this application until all questions have been answered. Please write legibly. **DO NOT** substitute "See Resume" for information requested on the application form. **PLEASE PRINT**, except for the required signature. All information provided will be available only to persons who have a "need to know" or as required by law. The Company will make reasonable accommodation in the application and interview process for any disabled applicant who may need it. This application is valid **ONLY** for the position listed below. This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary for you to fill out a new application.

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 First MI Last

Present Address \_\_\_\_\_  
 Street City State Zip

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Which type of employment are you seeking: Full-time  Part-time  Position Applying for \_\_\_\_\_

Have you ever been previously employed by any division of Catalyst Medical Group? Yes \_\_\_ No \_\_\_

Have you ever been convicted, entered a plea of no contest or received a withheld judgment for any criminal offense (misdemeanor or felony)?  
 Yes \_\_\_ No \_\_\_ (A conviction will not necessarily disqualify an applicant.)

If yes, please explain: \_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_ No \_\_\_ Are you authorized to work in the United States? Yes \_\_\_ No \_\_\_  
 (Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Positions Only: Do you have a valid driver's license? Yes \_\_\_ No \_\_\_  
 License Number and State Issued: \_\_\_\_\_

### RECORD OF EMPLOYMENT

1. Name of Current/Most Recent Employer		Employer Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name of Previous Employer		Employer Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title
From	To	Starting	Ending		
Mo. Yr.	Mo. Yr.				
List the jobs you held, duties performed, skills used or learned, advancements or promotions.					

3. Name of Next Previous Employer				Employer Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title		
From	To	Starting	Ending				
Mo. Yr.	Mo. Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.							

4. Name of Next Previous Employer				Address		Telephone	Type of Business
Dates Employed		Rate of Pay		Reason for Leaving	Supervisor's Name and Title		
From	To	Starting	Ending				
Mo. Yr.	Mo. Yr.						
List the jobs you held, duties performed, skills used or learned, advancements or promotions.							

**EDUCATION:** (Circle last year completed)

High School	1	2	3	4	
College	1	2	3	4	4+
Other job-related education					

**SCHOOL NAME**

**MAJOR SUBJECTS**

_____	_____
_____	_____
_____	_____

**Other skills and qualifications:** Summarize the special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

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This Employment Application is used to notify me that the nature and scope of an investigation, if one is conducted, could include such general identification information as residence verification, and, as applicable, information concerning my employment, education, general reputation, character, and that such information may be developed through personal interviews with third parties. Only job-related information developed from such a report will be considered in evaluating my employment application or continued employment. I hereby authorize these persons, companies, organizations or corporations to answer all questions or release any information regarding the items listed in this paragraph. I hereby release them from any liability and hold them harmless from any claim for releasing any truthful information within their knowledge and/or records.

I authorize the Company to release to any person, firm, entity or organization with which I may seek employment in the future, any truthful information concerning my work experience with the Company. I hereby release and hold the Company harmless from any claim for releasing any truthful information within its knowledge and/or records.

I understand that any job offer that may be extended to me will be contingent upon the successful completion of a drug and alcohol test.

I certify that the answers given by me to the foregoing questions and during any interviews are true and correct without material omissions, and understand that, if employed, omissions and/or false statements on this application or during any interviews may result in dismissal. **I understand and acknowledge that, if hired, my employment is for no definite period and either the Employer or I may terminate our relationship at will at any time, without notice or any reason, and that this employment application does not constitute an employment contract.**

I have had an opportunity to have my questions about this statement's content and intent answered and understand its terms.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date