



# EMPLOYMENT APPLICATION

**APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

**ALL APPLICANTS WILL RECEIVE A FAIR CREDIT REPORTING ACT DISCLOSURE AND WILL BE REQUIRED TO SIGN AN ACKNOWLEDGMENT AND CONSENT FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

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

Telephone: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Employment Desired:  Full-Time only  Part-Time only  Casual  No Preference

When are you available to work? \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_ / \_\_\_\_\_  
Name Phone Number

Have you ever been convicted of a crime:  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recent such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

Type of School	Name of School	Location (Address)	No. Years Completed	Major or Degree
High School				
College				
Bus./Trade School				
Professional School				



**WORK EXPERIENCE**

Please list your work experience for the **past five (5) years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

<b>Name of Employer</b>	Address	City	State	Zip	Phone Number
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Name of last supervisor:	Your last job title:
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Employment Dates	From:	Pay or Salary	Start:
	To:		Final:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

<b>Name of Employer</b>	Address	City	State	Zip	Phone Number
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Name of last supervisor:	Your last job title:
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Employment Dates	From:	Pay or Salary	Start:
	To:		Final:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

<b>Name of Employer</b>	Address	City	State	Zip	Phone Number
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Name of last supervisor:	Your last job title:
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Employment Dates	From:	Pay or Salary	Start:
	To:		Final:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

<b>Name of Employer</b>	Address	City	State	Zip	Phone Number
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Name of last supervisor:	Your last job title:
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Employment Dates	From:	Pay or Salary	Start:
	To:		Final:

Reason for leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:

<b>WORK EXPERIENCE (continued)</b>			
<b>Name of Employer</b>	Address	City State Zip	Phone Number
Name of last supervisor:		Your last job title:	
Employment Dates	From:	Pay or Salary	Start:
	To:		Final:
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
<b>Name of Employer</b>	Address	City State Zip	Phone Number
Name of last supervisor:		Your last job title:	
Employment Dates	From:	Pay or Salary	Start:
	To:		Final:
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
<b>Name of Employer</b>	Address	City State Zip	Phone Number
Name of last supervisor:		Your last job title:	
Employment Dates	From:	Pay or Salary	Start:
	To:		Final:
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			
<b>Name of Employer</b>	Address	City State Zip	Phone Number
Name of last supervisor:		Your last job title:	
Employment Dates	From:	Pay or Salary	Start:
	To:		Final:
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company:			

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Orion Medical Services, LLC (hereafter called "The Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Orion Medical Services, LLC or otherwise to change, in any respect, the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/Administrator of the Company. Both the undersigned and Orion Medical Services, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further, that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.