



APPLICATION FOR EMPLOYMENT

MedLink Georgia is a certified Drug-Free Workplace
Effective January 1, 2010, MedLink Georgia is a Tobacco Free Workplace

Employment practices are not influenced or affected by an applicant's race, color, religion, gender, national origin, age, political affiliation or any other characteristic protected by law.
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P E R S O N A L	Last name	First	Middle	Date
	Street Address			Home Telephone
	City	State	Zip	Business Phone
	Have you ever applied for employment with MedLink Georgia, Inc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give month and year:			
	Position Desired			Pay Expected
	Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Will you work overtime if asked?
	Are you legally eligible for employment in the United States?			When are you available to begin work?
	Other special training or skills (language, machine operations, etc.)			

E D U C A T I O N	School	Name and location of school	Course of Study	No. Of Years Completed	Did you Graduate ?	Degree or Diploma
	Graduate					
	College					
	Technical/Business					
	High School					
	Elementary					

MEMBERSHIP IN PROFESSIONAL OR CIVIC ORGANIZATIONS (Exclude those which may disclose race, color, religion or national origin)



EMPLOYMENT		Please give accurate, complete, full and part-time employment record. Start with your present or most recent employer.
1	Company Name	Telephone
	Address	Employed (Month and Year) From _____ to _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	Job Title	Reason for leaving
	Description of work	
2	Company Name	Telephone
	Address	Employed (Month and Year) From _____ to _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	Job Title	Reason for leaving
	Description of work	
3	Company Name	Telephone
	Address	Employed (Month and Year) From _____ to _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	Job Title	Reason for leaving
	Description of work	
We may contact the employers listed above unless you indicate those you do not want us to contact. DO NOT CONTACT: Employer _____ Reason _____		Describe any training received relevant to the position for which you are applying:
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p style="margin: 0;">S I G N A T U R E</p> </div> <div style="width: 60%;"> <p style="margin: 0;">The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.</p> <p style="margin: 0;">I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.</p> <p style="margin: 0;">I understand that acceptance of an offer of employment requires my adherence to the MedLink Drug Free Workplace and MedLink Tobacco Free Workplace (effective 01/01/2010) policies.</p> <p style="margin: 0;">If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.</p> </div> </div>		
_____ Date		_____ Signature