

Application for Employment

Position applied for _____ Date _____

Personal Data

 Full name (First, middle and last) Social Security# Telephone () _____

 Address City State Zip Code

Do you have a valid work permit or are you authorized to work in the United States? No Yes
 Please note that if you are offered employment, appropriate documentation will be required to verify your legal right to work in the United States.

Person to contact in an emergency: _____
 Name and Relationship

 Address City State Zip Code Telephone () _____

Referral Source

How did you learn of this company? Newspaper School Walk-In Employee Agency Other
 Name of referral source (s) _____

Omnimed of SC is an equal opportunity employer. Consideration for employment and employment practices are based only on job-related occupational qualifications and are not based on race, color, religion, sex, sexual orientation, age, disability and national origin.

Education and Training

School	Name and Address	# Years Completed	Graduated Yes or No	Type of Degree/ Diploma
High School				
College				
Other Education/ Training				

Employment Information

Have you ever worked for this company before? Yes No
 If yes, please specify date, facility/division and location. _____

Have you ever applied for employment with this company? Yes No
 If yes, please specify date, facility/division and location. _____

Type of work applying for: Full-Time Part-Time Work-Study Internship Temporary

Shift Desired: Day Evening Night Available to work: Nights Yes No

Weekends Yes No

Comments _____ Rotating Work Schedule Yes No

_____ Flexible Schedule Yes No

_____ Overtime Yes No

_____ Holidays Yes No

Do you have friends or relatives currently working this company? Yes No
If yes, please list name(s), relationship and facility/location: _____
Are you under 18 years of age? Yes No If yes, please list your age _____
If hired, when would you be available to begin work? _____
Have you ever been convicted of a felony? Yes No
If yes, please explain _____

Employment History

Please provide a list of all previous employers starting with the most recent employer:

Employer's Name _____
Address _____
Telephone # () _____ Length of Employment : From _____ to _____
Position held: _____
Salary Received \$ _____ per hour *or* per year Supervisor's Name _____
Reason for leaving _____

Employer's Name _____
Address _____
Telephone # () _____ Length of Employment : From _____ to _____
Position held: _____
Salary Received \$ _____ per hour *or* per year Supervisor's Name _____
Reason for leaving _____

(Please use separate sheet for additional information.)

Please note: Applicants may include in their employment history, any verified work performed on a volunteer basis.

Please include any other information you think would be helpful to us in considering you for employment, such as additional experience, skills, articles/books published, activities, accomplishments, skills or experience acquired in the U.S. Armed Services, etc. (Please exclude all information indicative of age, sex, sexual orientation, race, religion, color, national origin and disability.)
Use additional sheet if necessary.

Please read the following statements carefully ...

- I understand and agree that prior to any job offer, I may be given a written description of that job and may be asked about my ability to perform specific job functions or duties involved in that job.
- I understand and agree that any job offer is conditional and will be contingent upon satisfactory results of a post-offer medical examination and providing a negative drug test before the commencement of my work duties. The medical clearance will also establish that I am capable of performing the job offered with or without reasonable accommodation.
- I understand that any job offer is conditional and contingent upon satisfactory verification by the Employer of the information I have furnished in this application. (Where applicable, satisfactory completion of pre-placement training programs is required.)
- I certify that the statements I have made and furnished in this application are true. I understand that any false representations, misrepresentations or misleading statements made by me in this application or in connection with my physical condition and medical examination will be grounds for the rejection of this application or for my dismissal.
- I hereby grant Omnimed of SC permission to verify the accuracy and completeness of this information and to investigate all references and educational records. I agree to absolve from any liability Omnimed of SC and any other individual and/or employer who provides the information necessary to verify the information provided in this application.

Signature _____ Date _____