



# Application for Employment

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[www.ExpedianCare.com](http://www.ExpedianCare.com)

EQUAL OPPORTUNITY EMPLOYER. It is our policy to comply with all applicable federal, state and local laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

ADA Statement: It is our policy to provide "reasonable accommodation" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

## What position are you applying for? (circle)

Front Desk

Medical Assistant

Management

Other (Indicate) \_\_\_\_\_

## Tell us about yourself:

Name

\_\_\_\_\_ Last

\_\_\_\_\_ First

\_\_\_\_\_ Middle

Address

\_\_\_\_\_ Street

\_\_\_\_\_ Apt

\_\_\_\_\_ City/State

\_\_\_\_\_ Zip

Telephone Number:

(\_\_\_\_) \_\_\_\_\_

Are you 18 years or older?

Yes

No

E-mail Address:

\_\_\_\_\_

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. All offers of employment are subject to verification of the applicant's identity and employment authorization. It will be necessary to submit such documents as are required by law to verify your identification and employment authorization upon employment.

## Hours you are available to work:

Do you prefer:

Part-Time

Full-Time

Date available to start:

\_\_\_\_\_

Day:	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Holiday
Start:								
Finish:								

Desired wage or salary:

\$\_\_\_\_\_ per \_\_\_\_\_

Are you willing to work overtime as required?

Yes

No

Have you ever been convicted of a felony?

Yes

No

Conviction will not necessarily disqualify an applicant for employment. If yes, please state nature of offense, dates, and disposition on back.

## Education and Training:

Name & Location

Major

Graduated/Diploma/Degree

High School

\_\_\_\_\_

College/Univ/Trade

\_\_\_\_\_

Other

\_\_\_\_\_

## Certifications/Licenses:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Professional References:**

Name	Dates	Relationship	Telephone No.
1.			
2.			
3.			

**Employment History:**

May we contact your present employer?      Yes      No

**Most Recent Employer**

Position:

Start Date:

End Date:

Supervisor:

Address:

Tel:

Starting Salary:

Starting Position:

Reason for Leaving:

Ending Salary:

Last Position:

**Past Employer**

Position:

Start Date:

End Date:

Supervisor:

Address:

Tel:

Starting Salary:

Starting Position:

Reason for Leaving:

Ending Salary:

Last Position:

**Past Employer**

Position:

Start Date:

End Date:

Supervisor:

Address:

Tel:

Starting Salary:

Starting Position:

Reason for Leaving:

Ending Salary:

Last Position:

The information that I have provided on this application for employment is true and complete to the best of my knowledge. I understand that any false statements, omissions or misstatements can be justification for refusal of employment, or if employed, result in termination of employment.

I authorize Expedian Care to make an investigation of any of the facts set forth in this application, including obtaining a consumer report that includes credit and criminal history, and release from any liability both Expedian Care and those who supply reference information and/or verification.

I understand and agree that, if employed, I may be required to submit to an alcohol or drug screening or medical examination at any time at the request of Expedian Care.

I authorize Expedian Care to release any and all information about myself, my employment record, or my employment status to any individual or organization Expedian Care deems worthy of receiving such information.

Also, I release all parties from all liability for any damages that may result from furnishing this information.

I HAVE READ, UNDERSTOOD, AND VOLUNTARILY AGREE TO ALL STATEMENTS ABOVE BEFORE SIGNING:

Applicant's Name (Print):

\_\_\_\_\_

Applicant's Signature:

\_\_\_\_\_

Date:

\*Please attach a resume/CV to this application

INTERNAL USE ONLY: