



Application for Employment

Mansfield - Midlothian - Waxahachie
Fort Worth - Arlington - Grand Prairie

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 DOB

Address _____
Street 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:

- _____
- _____
- _____

Professional References:

Name	Relationship	Phone Number	Email address
1.			
2.			
3.			

Employment History:

May we contact your present employer? Yes No

Most Recent Employer: Position:

Start Date: End Date: Supervisor:

Address/Location: Tel:

Starting Position: Starting Pay: Reason for Leaving:

Last Position: Ending Pay:

Past Employer: Position:

Start Date: End Date: Supervisor:

Address/Location: Tel:

Starting Position: Starting Pay: Reason for Leaving:

Last Position: Ending Pay:

Past Employer: Position:

Start Date: End Date: Supervisor:

Address/Location: Tel:

Starting Position: Starting Pay: Reason for Leaving:

Last Position: Ending Pay:

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: