



## APPLICATION OF EMPLOYMENT

It is the policy of Chesapeake Medical Solutions t/a Your Doc's In to provide equal opportunity with regards to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability veteran status, age or any protected classification.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Have you been convicted of a violation of the law for anything other than minor traffic offenses?  Yes  No  
(If you answered yes, please explain on the reverse side of this application)

### EMPLOYMENT DESIRED

Position applied for \_\_\_\_\_ Desired Salary \_\_\_\_\_ Date available \_\_\_\_\_

**Referral Source**  Advertisement  Job Fair  Walk-in  Government Employment Agency  
 Staffing Agency  Website  Employee \_\_\_\_\_

Type of employment desired?  Full-time  Part-time  PRN (as needed)

Have you ever been employed by this company?  Yes  No When? \_\_\_\_\_ Where? \_\_\_\_\_

### EDUCATIONAL BACKGROUND

#### High School

Name \_\_\_\_\_ Location \_\_\_\_\_

Course/s of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Did you graduate?  Yes  No

Diploma  GED  Degree  Certification  Other

#### College

Name \_\_\_\_\_ Location \_\_\_\_\_

Course/s of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Did you graduate?  Yes  No

Diploma  GED  Degree  Certification  Other

#### Vocational or other training

Name \_\_\_\_\_ Location \_\_\_\_\_

Course/s of Study \_\_\_\_\_ Years Completed \_\_\_\_\_ Did you graduate?  Yes  No

Diploma  GED  Degree  Certification  Other

## Voluntary Self Identification Form

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity and veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name \_\_\_\_\_

Male

Female

### EEO-1 Self-Identification

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

### Vets Self-Identification

- Disabled Veteran** - A veteran who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or A person who was discharged or released from active duty because of a service connected disability.
- Recently Separated Veteran** - Any veteran during the three-year period beginning on the date of such veteran's discharge or released from active duty in the US military, ground, naval or air service.
- Armed Forces Service Medal Veteran** - Any veteran serving on active duty in the US military, ground, naval or air service, who participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive OP order 12985.
- Other Protected Veteran**- A veteran who served on active duty in the US military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

# EMPLOYMENT HISTORY

Start with most recent employer, please provide the following information

Company Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Job Title \_\_\_\_\_ Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

Company Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Job Title \_\_\_\_\_ Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

Company Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Job Title \_\_\_\_\_ Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

Company Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_  
Job Title \_\_\_\_\_ Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ May we contact?  Yes  No

## References

List three professional references, who have known you for more than one year.

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Job Title \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Years Known \_\_\_\_\_

Address \_\_\_\_\_

### **Please Read Before Signing:**

I certify that all information provided by me on this application (and accompanying resume, if any) are true and complete to the best of my knowledge and that I have withheld nothing that, if disclosed, would alter the integrity of this application.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I authorize my previous employers, schools, or persons listed as references to give any information regarding employment or educational record. I agree that this company and my previous employers will not be held liable in any respect if a job offer is not extended, or is withdrawn, or employment is terminated because of false statements, omissions, or answers made by myself on this application. In the event of employment with this company, I will comply with all rules and regulations as set by the company in any communication distributed to the employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I am required to provide approved documentation to the company that verifies my right to work in the United States on the first day of employment. I have received from the company a list of the approved documents that are required.

I understand and agree that nothing contained in this application or conveyed during any interview is intended to create an employment contract. I further agree that my employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

If I am offered employment with this company I agree to submit to drug testing and a background check prior to starting work. If employed I agree to submit to a drug test at any time deemed appropriate by the Company and as permitted by law. I consent to aforementioned test and I request that the drug test results be disclosed to the Company, all results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon a satisfactory drug test, and if hired a condition of employment will be that I abide by the Company's Drug and Alcohol Policy.

**I hereby acknowledge that I have read and understand the above statements.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_