

# KMCMedassist, LLC

## Application for Employment

KMCMedassist is an equal opportunity employer. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street Apt. # City State Zip Code*

Telephone \_\_\_\_\_ Current Driver's License (if applicable) \_\_\_ Yes \_\_\_ No

Email \_\_\_\_\_  
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Position(s) applied for: \_\_\_\_\_

Have you applied here before? \_\_\_ Yes \_\_\_ No If yes, give date: \_\_\_\_\_

Are you employed now? \_\_\_ Yes \_\_\_ No On what date are you available for work? \_\_\_\_\_

Are you available to work \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Shift work \_\_\_ Temporary

What languages do you speak fluently (if applicable)? List: \_\_\_\_\_

Are you 18 or older? \_\_\_ Yes \_\_\_ No

Have you been convicted of a felony or misdemeanor other than moving traffic violations?

\_\_\_ Yes \_\_\_ No

If yes, please complete the following (*a conviction record will not necessarily be a bar to employment*):

Conviction: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Result or outcome: \_\_\_\_\_

**KMCMEDASSIST IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

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E D U C A T I O N			
	High School	Trade Schools	College/University
<b>School Name</b>			
<b>Diploma/Degree</b>			
<b>Certificate Received</b>			
<b>Describe Course of Study</b>			

E M P L O Y M E N T   E X P E R I E N C E
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*List your past four (4) employers including military and voluntary service assignments. **Start with your present or last job.** Attach an additional sheet if necessary.*

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed:    *From* \_\_\_\_\_ *To* \_\_\_\_\_

Salary:                *Starting* \_\_\_\_\_ *Final* \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we Contact:    Yes \_\_\_\_\_    No \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed:    *From* \_\_\_\_\_ *To* \_\_\_\_\_

Salary:                *Starting* \_\_\_\_\_ *Final* \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we Contact:    Yes \_\_\_\_\_    No \_\_\_\_\_

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Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *To* \_\_\_\_\_

Salary: *Starting* \_\_\_\_\_ *Final* \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we Contact: Yes \_\_\_\_\_ No \_\_\_\_\_

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Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Dates Employed: *From* \_\_\_\_\_ *To* \_\_\_\_\_

Salary: *Starting* \_\_\_\_\_ *Final* \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Work Performed: \_\_\_\_\_

May we contact: Yes \_\_\_\_\_ No \_\_\_\_\_

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Please summarize your job-related skills or specialized training:

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List job-related special accomplishments, projects, awards. (Exclude information that would reveal race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status.):

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### REFERENCES

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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<i>Name</i>	<i>Occupation</i>	<i>Company</i>	<i>Phone Number(s)</i>
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List any additional information you would like us to consider.

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How were you referred to KMCMedassist? \_\_\_\_\_

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Work Availability:

1. If your application receives favorable consideration, when will you be available to begin work? \_\_\_\_\_
2. Do you have any objection to working overtime? \_\_\_\_\_
3. Can you work overtime without prior notice? \_\_\_\_\_
4. Can you work on weekends? \_\_\_\_\_
5. Can you work evenings? \_\_\_\_\_

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### ACKNOWLEDGEMENT

I understand that KMCMedassist is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

I authorize KMCMedassist to contact any Company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to KMCMedassist. I acknowledge that a facsimile of this form is as valid as the original.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from KMCMedassist and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at KMCMedassist is "at-will" and may be terminated by myself or by KMCMedassist at any time, with or without cause or notice. I understand that no representative of KMCMedassist has the authority to make any assurance to the contrary.

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Signature

Date

# KMCMedassist, LLC

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### AUTHORIZATION TO RELEASE INFORMATION

I authorize KMCMedassist to contact any company, institution, law enforcement agency, state agency, bureau or individual it deems appropriate to investigate my employment history, job performance, background, qualifications, driving record, and other relevant information, if job related. I give my full consent for all contacted persons including former employers to provide the information concerning this application. I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to KMCMedassist. A credit report detailing personal financial history may also be obtained as part of this background check.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Maiden Name and/or other names known by: \_\_\_\_\_

Birth date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State driver's license issued: \_\_\_\_\_

KMCMedassist currently verifies information with:

- Bureaus of Investigation
- Prior employment
- References

According to the Fair Credit Reporting Act, applicants are entitled to know if insurance or employment is denied because of information obtained by the prospective employer from a consumer-reporting agency.