



CANDIDATE APPLICATION

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

PLEASE PRINT

Name: _____ Date: _____

Social Security # _____ **DOB:** _____

Address: _____

Telephone Number: _____ Alternate Number: _____

Email Address: _____

Are you over 18 years old? Yes No

Are you legally eligible for employment in the United States? Yes No

Are you willing to work all hours, shifts or days as required? Yes No If no, please list those hours,

Shifts and days you are willing to work: _____

Are you willing/able to work overtime if asked? Yes No

Have you ever been convicted of a criminal offense or have you ever been or are you currently a defendant in a criminal proceeding? Includes misdemeanors, deferred adjudication, and probated sentence. Yes No

If yes, state the offense, date, location, and disposition. (Conviction will not necessarily disqualify an applicant for employment.) _____

MILITARY HISTORY:

Branch: _____ Member of Reserves? Yes No Active Inactive

PROFESSIONAL LICENSURE/CERTIFICATIONS:

Type/Number: _____ State Issued: _____

Expiration Date: _____

Type/Number: _____ State Issued: _____

Expiration Date: _____

Type/Number: _____ **State Issued:** _____

Expiration Date: _____

COMPUTER/SOFTWARE SKILLS:

- Personal Computer WordPerfect Lotus Microsoft Word
 Microsoft Excel Microsoft PowerPoint Typing Speed Ten Key
 Graphics Software LAN/WAN Experience Other software skills

Experiences and other qualifications: _____

EDUCATION HISTORY:

Education	Name & Location of School	Did you graduate?	# of years completed	Degree or Diploma
High School				
College/University				
College/University				
Other Special Skills				

WORK HISTORY: (May we contact your present employer? Yes No

Most Recent Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ _____ per	Position on Leaving:
Date Left:	Reason for Leaving:
Salary on Leaving: \$ _____ per	
Name and Title of Supervisor:	
Description of Duties:	

Previous Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ _____ per	Position on Leaving:
Date Left:	Reason for Leaving:
Salary on Leaving: \$ _____ per	
Name and Title of Supervisor:	

Description of Duties:	
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Previous Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ _____ per	Position on Leaving:
Date Left:	
Salary on Leaving: \$ _____ per	Reason for Leaving:
Name and Title of Supervisor:	
Description of Duties:	

Previous Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ _____ per	Position on Leaving:
Date Left:	
Salary on Leaving: \$ _____ per	Reason for Leaving:
Name and Title of Supervisor:	
Description of Duties:	

Previous Employer:	Address/Phone:
Date Started:	Starting Position:
Starting Salary: \$ _____ per	Position on Leaving:
Date Left:	
Salary on Leaving: \$ _____ per	Reason for Leaving:
Name and Title of Supervisor:	
Description of Duties:	

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I authorize ADEX Medical Staffing LLC, Inc. to make an investigation of any of the facts set forth in this application including criminal history, professional/technical certification or licensure, driving record, education and credit history as it relates to my employment, and I hereby release ADEX Medical Staffing LLC, Inc. from all liability for any damages in obtaining this information. I understand that upon an offer of employment I will be required to pass a drug test prior to employment.

I understand that employment with ADEX Medical Staffing LLC, Inc. is "at will" which means that either I or ADEX Medical Staffing LLC, Inc. 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. I understand that no person, supervisor, manager or executive is authorized to alter any of the foregoing or to enter into any written or verbal employment contracts without the express written consent of the president.

I acknowledge that I have received ADEX Employee Handbook and I understand it is my responsibility to read and understand it.

Date: _____ Applicant's Signature _____