

For use in all states
EXCEPT: MA, MD,
ND, SD, MT, OR and
WA.

APPLICATION FOR EMPLOYMENT

Date _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to, race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status or any other basis recognized by federal, state or local law.

PERSONAL BACKGROUND

Name _____ Social Security # _____
Last First Middle

Present Address _____
Street City State Zip Code

Phone No. () _____ Referred by _____

Position Applying for _____ Date you can start ____ / ____ / ____

Full Time Part Time Specify Hours _____ Salary Desired _____

Is there any reason we may not inquire of your present employer or prior employers? If yes, please explain: _____

Have you ever applied to this company before? _____ Where? _____ When? _____

Are you willing to work overtime? Yes No

If driving is a requirement of the job for which you are applying, do you have a valid driver's license? Yes No

If you are a minor, can you produce the work certificate necessary to obtain employment? Yes No

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? Yes No
(Verification and completion of Form I-9 must be submitted no later than three business days after date of hire.)

Have you ever been convicted of felony, which is substantially related to the functions or qualifications of the position(s) for which you are applying? Note: This question does not apply to convictions, which have been expunged, scaled, pardoned or otherwise exonerated or eradicated. (A conviction record will not necessarily be a bar to employment.) Yes No

If yes, please describe fully the criminal conviction(s), listing the nature of the offense(s), and your rehabilitation since the conviction(s). _____

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School		9 10 11 12/GED	
College		1 2 3 4	
Trade, Business or Graduate School			

List specialized technical skills (e.g. computer programming/language software, equipment operation, special tools or machines). _____

WORK EXPERIENCE (Please list below your last four to six employers, starting with your present or last place of employment.) You may include any verifiable work performed on a volunteer basis, internship or military service.					
Date	Name, Address and Phone # of Employer	Salary	Position	Duties	Reason for Leaving
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					
Fr.					
To					

REFERENCES Please give the names of three additional work-related references who we may call. Please do not list relatives or individuals with no prior work experience may list school or volunteer-related references.

Name & Position	Company	Telephone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

APPLICANT CERTIFICATION - PLEASE READ CAREFULLY
 I understand that this application is not a contract, offer or promise of employment. I acknowledge that employment with the company is on an employment at will basis. This means that my employment with the company can be terminated at anytime, with or without cause or advance notice and acceptance of employment is not a contract of employment for any specified time. Similarly I am free to terminate my employment with the company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed by the company's president and me.

I further understand that I am responsible for being familiar with the Company's policies, rules and regulations, and I understand that the company has complete discretion to modify its policies, rules, regulations and practices at any time, to the extent permitted by federal, state and local law, except that it will not modify its policy of employment at will. By my continued employment with the Company, I consent to any such changes.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of information on this form or relating to my application of employment may result in my denial of employment, or if employed, my immediate dismissal.

I hereby authorize the company or its agents to confirm all statements contained in this application and/or resume to the extent permitted by federal, state or local law and I agree to complete any requisite authorization forms*. I release all parties from any liability arising out of this provision and the use of such information.

Applicant's Signature _____ Date _____
 *Federal law requires a separate release form when obtaining Consumer Credit Reports.

Pre-Application

Name _____

Position Desired _____ Desired Salary \$ _____

Your background and work history will be discussed with you during your interview. Please answer all questions prior to the interview.

(circle one)

Yes No Are you at least 18 years of age?

Yes No Have you applied here for work before?

Yes No Have you been previously employed by Med-Legal, Inc.?

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

Yes No Have you been convicted of a felony in the past 7 years?
(Note: Answering "yes" to this question does not constitute an automatic bar to employment)

Yes No Have you ever been placed on probation or terminated for poor job performance?

Yes No Have you ever been disciplined or fired for insubordination?

Yes No Have you ever been disciplined or terminated for absenteeism, tardiness, failure to notify your company when absent, or any other attendance related offenses?

Yes No Have you ever been disciplined or fired for fighting, assault, or similar offenses?

Yes No I consent to a pre-employment drug screen.

Yes No I consent to a criminal background check.

Yes No I consent to a credit check.

Yes No I consent that Med-Legal, Inc. is able to make inquiries to all my references.

I certify the above answers are true to the best of my knowledge. I understand that any falsification discovered before or after I am employed may be cause for my being disqualified or removed from employment with Med-Legal, Inc.

Signature

Date

Please list three professional and three personal references.

Name _____

Relationship _____ **Phone** (____) _____

Name _____

Relationship _____ **Phone** (____) _____

Name _____

Relationship _____ **Phone** (____) _____

Name _____

Relationship _____ **Phone** (____) _____

Name _____

Relationship _____ **Phone** (____) _____

Name _____

Relationship _____ **Phone** (____) _____

Application Certification

Please read the following statement carefully. Sign only after the entire application has been accurately completed.

- 1. The Information that I have provided on this application and the supplemental education sheet is accurate and complete to the best of my knowledge and subject on validation by Med-Legal, Inc. I understand that if adequate space to explain fully is not provided in these four (4) pages that I must utilize a "Supplemental Data Sheet for Employment Application."**
- 2. I have/have not (strike one) used a Supplemental Data Sheet.**
- 3. I understand that certain job categories may require post-offer per employment physical examination or substance abuse testing, and that if I am employed, Med-Legal, Inc. may request during the course of my employment that I take such test whenever there exist reasonable cause to conclude that I am under the influence of or impaired by alcohol or other controlled substances. I agree to submit to a physical examination provided by Med-Legal, Inc. whenever it is requested.**
- 4. I understand that information concerning prior convictions maybe required prior to unconditional offer of employment, for any such position.**
- 5. I certify that the answers given by me are true and correct to the best of my knowledge and agree that falsification and/or omission of material facts in the application facts in this application may result in dismissal or disqualification. I understand and agree that employment with Med-Legal, Inc. is contingent upon my ability to perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I hereby authorize any individual, company, or institution with whom I have been associated to furnish Med-Legal, Inc. with any information concerning my employability, which they on record or otherwise, and do hereby release the individual, company, or institution, and all person concerned therewith from all liability whatsoever incurred in furnishing such information.**
- 6. I understand that certain job categories may require specific educational credentials. The information I have provided on the supplemental education sheet may be used to determine my qualification for those positions.**
- 7. If an offer of employment is made, I understand that I will be asked to prove my authorization to work in the United States before being allowed to work.**
- 8. By signing this certification, I understand that my employment is at the will of the Company and for no specific duration, and can be terminated by the Company without cause. I further understand that if employed, I will be subjected to all policies and procedures of Med-Legal, Inc. including any modifications thereto.**

Signature of Applicant

Date of Signature

Consent for Drugs of Abuse Urinalysis

I, _____, understand that a condition of employment at Med-Legal, Inc., I must satisfactorily complete a drugs of abuse urinalysis. This test will require a representative from Med-Legal, Inc. to enter the restroom facilities with me for observation purposes. I further understand that failure to consent to this urine drug screen will be considered withdrawal of my application of employment. It is also fully understood that I voluntarily submit to this urinalysis and any future test for the duration of employment.

I am aware that I have the right to have the sample analyzed by an approved laboratory at my expense of _____. I hereby authorize the release of the results of analysis obtained to be released to Med-Legal, Inc.

Signature

Date

Med-Legal, Inc.

Part 1 - To be completed by candidate or employee

Legal Name _____

State of Residence _____ Driver's License Number _____

Date of Birth _____

Driver's License Verification

I acknowledge that providing proof of minimum state required automobile liability insurance coverage and proof of a valid driver's license is a condition of employment with Med-Legal, Inc. I agree to permit the Med-Legal, Inc. insurance carrier to conduct an inquiry into my current status as a licensed driver.

Signature _____ Date _____

Part 2 - To be completed by manager

Manager's Name _____

Branch Number/Name _____ / _____

Branch Fax Number () _____

(This number must be provided in order to process you request)

Fax request for license verification to:

Human Resources
Phone: (626) 653-5170
Fax: (626) 653-5176

Part 3 - To be completed by Human Resources Department.

Valid Driver's license Suspended or revoked driver's license

Information Release

I hereby authorize Med-Legal Photocopy Service to make inquire of my background and character through any reference, person, business, association, club, school, military service, or other institution. I understand that personal references may be contacted, including neighbors, friends or associates. This authorization will include release of all records, information and evaluations that such references, persons, institutions may have in my name. I further authorize the company to make inquiry into my personal financial and credit record through agents of its choice, and I recognized my right, upon request, to receive a full disclosure of the nature and scope of any such investigation.

In accordance with the "Family Educational Rights and Privacy Act of 974" I authorize the company any and all information relating to my attendance as a student at any educational facility named in my original application or stated during subsequent interviews. The information to be release should include, but not limited to, the following: academic standing, subject of study, attendance record, extracurricular activities, disciplinary problems, and any other information that may be of assistance in the evaluation of my background and character.

I request a copy of my credit report. Yes No

(NOTE: You will only receive a copy of your credit report if one is obtained. Credit reports will only be obtained for specific position requiring this information.)

Signature of Employee

Date

Signature of Witness

Date