

BROWNMED

Application for Employment

(PRE EMPLOYMENT QUESTIONNAIRE)

(AN EQUAL OPPORTUNITY EMPLOYER)

DATE:

E-MAIL ADDRESS:

NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

AREA CODE

AREA CODE

CELL PHONE

ARE YOU 18 YEARS OR OLDER?

Yes No

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? WHEN?

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? Yes No

(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DEGREE	MAJOR
HIGH SCHOOL				
TRADE SCHOOL OR				
SECONDARY EDUCATION				
U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES Yes <input type="checkbox"/> No <input type="checkbox"/>		

SKILLS AND QUALIFICATIONS

SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES, CERTIFICATES AND/OR CHARACTERISTICS THAT QUALIFY YOU FOR THE POSITION FOR WHICH YOU ARE APPLYING BELOW.

PHYSICAL RECORD

DO YOU HAVE ANY HEALTH-RELATED CONDITIONS THAT MIGHT INTERFERE WITH YOUR ABILITY TO SAFELY AND EFFICIENTLY PERFORM ALL DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? Yes No
IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR CONDITION?

HAVE YOU EVER USED TOBACCO PRODUCTS? Yes No

DO YOU CURRENTLY USE ANY TOBACCO PRODUCTS? Yes No

IF NO, HOW LONG HAS IT BEEN SINCE YOU USED TOBACCO PRODUCTS? _____ years . months

ARE YOU FULLY VACCINATED AGAINST COVID-19? Yes No

(CONTINUED ON OTHER SIDE)

EMPLOYMENT HISTORY

LIST YOUR LAST THREE (3) EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT, INCLUDING MILITARY EXPERIENCE. EXPLAIN ANY GAPS IN EMPLOYMENT IN COMMENTS SECTION.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED FROM TO		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
		\$	PER	
MAY WE CONTACT FOR REFERENCE? Yes No Later				

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		\$	PER	
MAY WE CONTACT FOR REFERENCE? Yes No Later				

COMMENTS (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT)

REFERENCES

LIST TWO REFERENCES WHO ARE *NOT* RELATED TO YOU & ARE *NOT* PREVIOUS SUPERVISORS.

NAME	ADDRESS	DAYTIME PHONE	YEARS ACQUAINTED
1			
2			

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE BROWN MED ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO BROWN MED.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

DATE

SIGNATURE (PRINT NAME)