



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION Complete *all* applicable information

Name (Last)		(First)		(MI)	
Position(s) applied for:			Are you willing to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights		
Street Address:		City		State	Zip
Home Phone	Business Phone		Do you know anyone who is or has been employed with our company?		
Have you ever applied for employment with our company? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Where? _____			When could you start employment?		
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever been convicted of a criminal offense (other than a minor traffic violation) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: [this will not necessarily disqualify you from employment]					
Are you able to perform the essential functions of the position for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EMPLOYMENT HISTORY (List below last three employers, starting with the most recent one first)

Present or Last Position	Name of Company		From Mo/Yr	To Mo/Yr	
Street Address:		City		State	Zip
Duties:		Reason for Leaving:			
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position	Name of Company		From Mo/Yr	To Mo/Yr	
Street Address		City		State	Zip
Duties:		Reason for Leaving:			
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position	Name of Company		From Mo/Yr	To Mo/Yr	
Street Address		City		State	Zip
Duties:		Reason for Leaving:			
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

EDUCATION INFORMATION

High School or GED	Address	City	State	Degree	Subjects Studied	
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

PROFESSIONAL REFERENCES

Give the names and titles of three professional references, not related to you, who are familiar with your skills or have worked with you.

<i>Name</i>	<i>Title & Business</i>	<i>Address/Phone</i>	<i>Relationship</i>	<i>Years Acquainted</i>

Business equipment you can operate? (For example, computers, copiers, etc.)

Typing – Words/Minute:

What computer software programs are you proficient? [Name the package(s)]

Additional academic achievements, knowledge, skills, qualifications that will be helpful to us in considering your application:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY

I understand that employment will be subject to my submitting documentary proof of my identity and legal eligibility to work.

If I am employed with MedicAlert, I understand and agree that I will be required to conform to the policies and procedures of MedicAlert.

I understand that in accepting this application, MedicAlert is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. I understand and agree that should I become employed at MedicAlert, my employment will be "at-will" and that my employment and compensation can be terminated or changed by MedicAlert at any time for any reason, with or without cause and with or without notice. I further acknowledge and agree that the at will nature of my employment with MedicAlert cannot be altered or changed except by a writing signed by the Chief Executive Officer of MedicAlert, expressly referencing this application and stating that the employment relationship will not be at will.

I expressly authorize MedicAlert to verify all data given on this application, on related papers and in interviews. I expressly authorize all individuals, schools and firms named herein to provide any information requested about me, and, I release them from all liability for providing this information to MedicAlert.

I certify that all statements herein are true and complete to the best of my knowledge. I understand that any falsification or omission of fact either on this application or during the pre-employment process will result in my application being rejected, or, if I am hired, in the termination of my employment.

I also understand that any offer of employment is conditioned on the completion of pre-employment tests and documentation. I will, upon request, sign all necessary consent forms.

Date

Signature