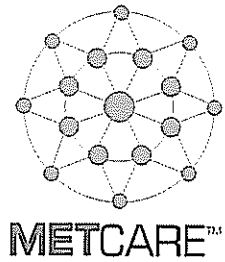


# APPLICATION FOR EMPLOYMENT



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*(PLEASE PRINT)*

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

Position(s) Applied For	Date of Application	
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Best time to contact you at home is: \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup>/<sub>PM</sub>

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  Yes  No  
If yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse work here?  Yes  No  
If yes, state name, relationship and location \_\_\_\_\_

Are you currently employed?  Yes  No

Have you ever been convicted of a felony within the last 7 years?  Yes  No  
*Conviction will not automatically disqualify an applicant from employment.*

Are you prevented from lawfully becoming employed in this country because of Immigration Status?  Yes  No  
*Proof of citizenship or immigration status will be required upon employment.*

What is your salary range? \_\_\_\_\_ Date available for work \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Are you available to work:  Full time  Part time  Temporary  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER & A DRUG-FREE WORK PLACE**

## EDUCATION

School	Name and Address of School	Diploma Degree	Did you Graduate	Circle Last Year Completed
High School				1 2 3 4
Undergraduate College				1 2 3 4
Graduate/ Professional				1 2 3 4
Other (Specify)				1 2 3 4

Certificate Date: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Date: \_\_\_\_\_ License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other legally protected status.

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Dates Employed</b>		
	From	To	
Job Title			
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Dates Employed</b>		
	From	To	
Job Title			
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Dates Employed</b>		
	From	To	
Job Title			
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	From	To	
Address			
Telephone Number(s)	<b>Dates Employed</b>		
	From	To	
Job Title			
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**ADDITIONAL INFORMATION**

Describe any specialized training, apprenticeship, skills and qualifications acquired from employment or other experience.


Describe any job-related training received in the United States military.


Indicate any foreign languages you speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?

\_\_\_\_\_ YES      \_\_\_\_\_ NO

**PERSONAL/PROFESSIONAL REFERENCES** *Do not include family members or past supervisors.*

1.	_____ ( ) _____ (Name) Telephone #	_____	_____
	(Address)		
2.	_____ ( ) _____ (Name) Telephone #	_____	_____
	(Address)		
3.	_____ ( ) _____ (Name) Telephone #	_____	_____
	(Address)		



I understand that the employment relationship between Metropolitan Health Networks, Inc. and each of its employees is one of "employment at will". This means that no contract for employment exists and that either Metropolitan Health Networks, Inc. or the employee can withdraw an offer for employment and/or terminate the employment relationship at any time for any or no reason with or without prior notice. This application does not represent a contract for employment. I understand that an acceptance of an offer for employment does not create a contractual obligation upon Metropolitan Health Networks, Inc. to continue to employ me in the future. I understand that no representative from Metropolitan Health Networks, Inc. has any authority to enter into any special agreement with me to promise and/or guarantee my employment for any specific time period or to promise me a promotion or transfer, etc., either prior to commencement of employment or after I have become employed, or to assure me of any benefits or terms and conditions of employment, or to make any agreement contrary to the aforementioned.

I hereby represent that each answer to questions incorporated into this application and all other information otherwise furnished by me shall be true and correct. I further represent that such answers and information constitute a full and complete disclosure of my knowledge with respect to the questions or subject to which the answer of information relates. I understand that any incorrect, incomplete, false, or misleading statement/answer/information furnished by me either verbally, or in writing will subject my application to disqualification from further consideration and/or, if already employed by Metropolitan Health Networks, Inc., when aforementioned is detected, I will be subject to discharge for falsifying a Metropolitan Health Networks, Inc. record/document, regardless of how much time has elapsed since the date I was employed. In the event that I am employed by Metropolitan Health Networks, Inc., I agree to comply with all its orders, rules, regulations, policies, procedures and standards. Within not more than three (3) days of employment, I will provide proof as required by the U.S. Government, an I-9 Form that I am legally eligible for employment in the United States. If I cannot provide such proof in accordance with Federal Law, I understand that I will be terminated.

I have read and understand all of the provisions of this acknowledgment. By signing this application, I hold Metropolitan Health Networks, Inc. harmless for any result whether positive or negative of the reference check in the decision making process. I hereby authorize Metropolitan Health Networks, Inc. to conduct the investigation and release all former employers, education institutions, law enforcement agencies and/or other government agencies from any liability to provide/release information regarding my employment, education, criminal conviction record, credit history, motor vehicle records, that may be in their possession to Metropolitan Health Networks, Inc. and/or its agents. An offer of employment is conditioned upon several criteria, as mentioned within, including the negative result of a drug screen test which is required by Metropolitan Health Networks, Inc. I hereby authorize Metropolitan Health Networks's designated Medical Review Officer to release the results of my drug test to Metropolitan Health Networks, Inc.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed