

**MEDBEST MEDICAL MANAGEMENT, INC.**  
**APPLICATION FOR EMPLOYMENT**

TODAY'S Date \_\_\_\_\_

MEDBEST MEDICAL MANAGEMENT, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE IN EMPLOYMENT. NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT FROM CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW. EQUAL ACCESS TO EMPLOYMENT, SERVICES, AND PROGRAMS IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY A REPRESENTATIVE OF THE ORGANIZATION.

NAME: \_\_\_\_\_  
 LAST FIRST M.I.

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_

WORK PHONE: (OPTIONAL) ( ) \_\_\_\_\_

**PLEASE PRINT IN BLUE OR BLACK INK - IF MORE SPACE IS NEEDED,  
 PLEASE ATTACH ADDITIONAL SHEET.**

POSITION APPLIED FOR: \_\_\_\_\_  FULL TIME  
 DATE AVAILABLE TO START WORK: \_\_\_\_\_  PART TIME  
 HOW WERE YOU REFERRED TO MEDBEST? \_\_\_\_\_  PER DIEM  
 ARE YOU ABLE TO TRAVEL IF REQUIRED BY THIS POSITION?  YES  NO  
 WORKING HOURS PREFERENCE: \_\_\_\_\_  
 HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY OUR ORGANIZATION?  YES  NO  
 DO YOU HAVE ANY OBJECTION TO WORKING OVERTIME IF NECESSARY?  YES  NO

DRIVERS LICENSE #: \_\_\_\_\_  
 (IF DRIVING IS AN ESSENTIAL JOB DUTY)

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.?  YES  NO  
**PROOF OF ELIGIBILITY WILL BE REQUIRED UPON OFFER OF EMPLOYMENT.**

EXCEPT FOR MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATIONS OF LAW? (A CONVICTION WILL NOT AUTOMATICALLY BAR EMPLOYMENT)  
 YES  NO (PLEASE EXPLAIN)

**U.S. MILITARY STATUS**

ARE YOU A VETERAN?  YES  NO

IF YES, LENGTH OF SERVICE: \_\_\_\_\_

ARE YOU PRESENTLY A MEMBER OF THE RESERVE OR NATIONAL GUARD?  YES  NO

**PLEASE CHECK ALL CLERICAL SKILLS YOU MAY POSSESS:**

TYPING \_\_\_\_\_ W.P.M.  EXCEL/ACCESS  
 WORD PROCESSING

LIST OTHER EQUIPMENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

IF A PROFESSIONAL LICENSE OR CERTIFICATION IS REQUIRED FOR THE POSITION YOU ARE APPLYING FOR, PLEASE COMPLETE BELOW:

LICENSE/CERT. NUMBER: \_\_\_\_\_  
 REGISTRATION EXPIRATION DATE: \_\_\_\_\_

I AM NOT CURRENTLY LICENSED IN N.Y.S. AND PLAN TO:

TAKE N.Y.S. BOARDS DATE: \_\_\_\_\_  
 APPLY FOR RECIPROCITY DATE: \_\_\_\_\_

EDUCATION	NAME AND ADDRESS	DATES OF ATTENDANCE	GRADUATED	DEGREE OR DIPLOMA	MAJOR SUBJECT
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE/UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE/UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		
BUSINESS/TRADE SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO		

**Employment:** List your employment record beginning with your most recent employment first. Explain period of unemployment if greater than 6 months on additional sheet if necessary.

Dates: From _____ To _____	Position Title:	Dept./Division	
Employer's Name	Job Summary:	Supervisor	Telephone
Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary : \$
City, State, Zip		Reason for Leaving:	
Dates: From _____ To _____	Position Title:	Dept./Division	
Employer's Name	Job Summary:	Supervisor	Telephone
Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary : \$
City, State, Zip		Reason for Leaving:	
Dates: From _____ To _____	Position Title:	Dept./Division	
Employer's Name	Job Summary:	Supervisor	Telephone
Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary : \$
City, State, Zip		Reason for Leaving:	
Dates: From _____ To _____	Position Title:	Dept./Division	
Employer's Name	Job Summary:	Supervisor	Telephone
Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Final Salary : \$
City, State, Zip		Reason for Leaving:	
<p>I hereby authorize the investigation of all information contained in this application. I understand that misrepresentation or omission of facts called for may prevent my employment or be cause for termination if hired. Further, I understand that any offer of employment is contingent upon my ability to perform, with reasonable accommodation, based on a job-related physician's medical examination, x-ray and laboratory procedures. Such exam is consistent with business necessity, and required that you do not pose a direct threat to the health or safety of patients, co-workers or other individuals in the workplace.</p>			

**MEDBEST MEDICAL MANAGEMENT, INC. IS A DRUG FREE WORK PLACE, AND PROHIBITS THE POSSESSION, SALE AND/OR USE OF ILLEGAL DRUGS AND THE USE OF ALCOHOL IN THE WORKPLACE.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_