



**EMPLOYMENT APPLICATION**

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. Discrimination because of race, color, religion, national origin, age, sexual orientation, gender, or disability is prohibited. Persons who believe they have been discriminated against may bring the matter directly to the attention of the manager of this location. They also have the right to notify the Equal Employment Opportunity Commission, or other appropriate agency. This company complies with all applicable federal, state, and local employment laws. Applications remain active for 90 days.

**PERSONAL DATA (please print plainly)**

NAME (LAST)                      FIRST                      (MIDDLE INITIAL)		SOCIAL SECURITY NUMBER	TELEPHONE NUMBER(s)
PRESENT ADDRESS    STREET                      CITY                      STATE                      ZIP			EMAIL ADDRESS:
POSITION YOU ARE APPLYING FOR:	Date Available:	CIRCLE ALL THAT APPLY: FULL TIME    PART TIME    CONTRACT	SALARY DESIRED: \$
DO YOU HAVE A VALID DRIVER'S LICENSE? Circle One:            YES                      NO IF YES, PROVIDE STATE AND DRIVERS LICENSE NUMBER:	PLEASE INDICATE WHEN YOU WOULD BE AVAILABLE TO WORK. Circle all that apply WEEKDAYS                      EVENINGS                      WEEKENDS HAVE YOU EVER BEEN EMPLOYED BY MEDBRIDGE HEALTHCARE?    YES    NO IF YES, PLEASE GIVE LOCATION(S) & DATE(S):	IF UNDER AGE 18, PLEASE GIVE AGE:  DO YOU HAVE ANY RELATIVES, INCLUDING DOMESTIC PARTNERS, EMPLOYED BY A MEDBRIDGE HEALTHCARE COMPANY ? (Circle One)            YES                      NO	
HAVE YOU EVER BEEN CONVICTED OF A FELONY or MISDEMEANOR? (Circle one)    YES                      NO                      IF YES, PLEASE PROVIDE THE DATE AND DESCRIPTION BELOW: <i>Do not answer this question if your conviction has been expunged or sealed</i>			
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR (Circle one)    YES                      NO                      IF YES, PLEASE PROVIDE THE DATE AND DESCRIPTION BELOW: <i>Do not answer this question if your conviction has been expunged or sealed</i>			
<i>A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. THE JOB-RELATED NATURE OF THE VIOLATION WILL BE CONSIDERED. USE ADDITIONAL SPACE IF NEEDED:</i>			

**EDUCATION and TRAINING (Including ASTEP Courses)**

NAME OF SCHOOL (List most recent school first)	ADDRESS (City & State)	MAJOR FIELD OF STUDY	CERTIFICATE/DEGREE OR NO. OF HOURS

**PROFESSIONAL LICENSURE (Including State Exemption)**

License/Certification	State	License Number	Date Issued	Expiration Date

Has your license ever been revoked or suspended for any reason? If yes, please explain:

Special Skills/Specialized Training (Include medical equipment, Software)

Mail completed application to: MedBridge Healthcare, 110 West North St, Suite 100, Greenville, SC 29601 Phone: 864-527-5970 Fax: 864-272-1878

**EMPLOYMENT HISTORY (List most recent job first. Include present employer and attach resume.) Include Technical, Medical, Customer Service or Sales Experience.**

STARTED		DEPARTED		EMPLOYER Include any operation of MedBridge Healthcare LLC	SUPERVISOR	ADDRESS (Street, City, State, Zip Code)	EMPLOYER PHONE NO.	TYPE OF BUSINESS/DUTIES	ENDING SALARY	REASONS FOR LEAVING
Mo.	Yr.	Mo.	Yr.							

MAY WE CONTACT YOUR PRESENT EMPLOYER? (Circle one) YES NO

**MILITARY (U.S. ARMED FORCES)**

DATE ENTERED	DATE DISCHARGED	TYPE OF SERVICE (circle one):	TYPE OF WORK	SPECIAL TRAINING
		ARMY    NAVY    AIR FORCE    MARINES    COAST GUARD		

HOW WERE YOU REFERRED TO US? (circle one):

INTERNET    ADVERTISEMENT (*PUBLICATION*): \_\_\_\_\_    JOB FAIR    HOTLINE/JOB LINE    EMPLOYEE REFERRAL (*NAME*): \_\_\_\_\_

AGENCY (*NAME/CITY/STATE*): \_\_\_\_\_    OTHER: \_\_\_\_\_

ADDITIONAL SPACE FOR INFORMATION: Use this space if needed to complete or explain personal data questions

**FOR THE SAFETY, HEALTH & WELL BEING OF MEDBRIDGE HEALTHCARE LLC (MBH) EMPLOYEES, A DRUG & ALCOHOL POLICY IS IN EFFECT AT THIS COMPANY.  
MEDBRIDGE HEALTHCARE IS COMMITTED TO A DRUG & ALCOHOL FREE WORKPLACE**

Realizing that this company has the right to employ persons who will provide high standards of service, I understand that:

- \* As part of the normal employment application process the company may verify information on this application including inquiries about my current and former employment, character, general reputation, and personal characteristics through interviews with current and former employers, business associates, or other individuals or agencies. If I am employed and drive a company vehicle or a vehicle on behalf of the company the company will periodically inquire about my driving record.
- \* An offer of employment is contingent upon satisfactory references, verification of information on this application, and my ability to comply with applicable regulations issued by the Immigration and Naturalization Service. I agree to, as required by MBH, to submit to random pre-employment drug and alcohol testing within the limits prescribed under federal, state, and local law.
- \* Filing this application in no way assures me a position with this company, and, if I am hired, makes no guarantee regarding my future with the company.
- \* I further understand that if I am employed with the Company, my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with Company is terminable at will for any reason by either party.
- \* This application is not a contract of employment and my employment and compensation may be terminated with or without cause at any time by either the company or myself and no company representative has the authority to enter into any employment agreement with me contrary to the foregoing

By signing this application, I certify this information is factual and complete. I understand that any falsification, misrepresentation or omission, either in this application or in connection with any background investigation, will be grounds for invalidation of this application or termination of employment. I further certify that my signature below indicates that I have read and understand the above statements and provisions and agree to all statements and provisions above.

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

\_\_\_\_\_  
Date



# APPLICANT DATA SHEET

To the applicant:

MedBridge Healthcare is an Equal Opportunity Employer and complies with all applicable Federal and State employment laws. We seek your **voluntary** cooperation in completing this form to assist in documenting the demographics of applicants for affirmative action recordkeeping requirements. This information is confidential and will not be used by managers to make hiring decisions. Please print clearly.

1. **Date:** \_\_\_\_\_

2. **Name: (please print legibly)**

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

Middle

3. **Sex (please circle one)**      Female      Male

4. **Position Applied For:** \_\_\_\_\_

5. **Race/Ethnic Background (please circle one)**

American Indian / Alaskan Native

Asian

Native Hawaiian or other Pacific Islander

White

Black or African American

Two or More Races

Hispanic or Latino

or      Hispanic or Latino (white race only)

or      Hispanic or Latino (all other races)



## Authority to Release Information

**To: MedBridge Healthcare  
110 West North St, Suite 100  
Greenville, SC 29601  
Phone: 864-527-5970  
FAX: 864-272-1878**

**HIRING MANAGER:**

**POSITION APPLIED FOR:**

**PLEASE CONDUCT THE FOLLOWING CHECKS:**

**Criminal Conviction History**

**Credit History**

**Driving History**

**Sex Offender**

**HHS Office of Inspector General**

**Professional Licensure Check**

**I understand that in processing my application an investigation will be made in which information is obtained through personal interviews and review of information held by law enforcement or other government agencies. I authorize you to verify my past education, criminal history, credit, motor vehicle record, personal references and other job related data provided on this application or via the interview process. I authorize the appropriate individuals, companies, institutions or agencies to release information and I release them from any liability as a result of such inquiries or disclosures. I have the right under the "Fair Credit Reporting Act" to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.**

**I agree any decision regarding my hire is contingent upon the results of my investigative report. I also understand any false or misleading statements on this application or concealment of requested facts may cause lack of further consideration of my application for employment or termination if already employed.**

*Please print clearly.*

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Full Name** \_\_\_\_\_

**Other Names Used** \_\_\_\_\_

**Current Address** \_\_\_\_\_

**Prior Address** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Drivers License Number** \_\_\_\_\_

**State Issued** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_