



## Employment Application

Welcome and thank you for your interest in submitting an application for consideration of employment at Med-Metrix. Please carefully read and complete this application in full. You may attach a resume, but you must still complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (please do not indicate "See Resume"). If you require any assistance participating in any portion of the employment application process, please notify the Human Resources department.

APPLICANT INFORMATION				
Last Name:		First Name:	M.I.	Other Names Used in Employment:
Street Address:			Apartment/Unit #	
City:		State:	ZIP Code:	
Phone:		Email Address:		
Date Available:			Desired Salary:	
Position Applied For:				
Are you legally authorized to work in the United States?				
Have you ever worked for this company?			If yes, when?	
Have you ever been convicted of a felony?			If yes, please provide details:	
For purposes of Child Labor Law compliance, are you at least 18 years of age?				

EDUCATION				
High School:			Address:	
From:	To:	Did you graduate?	Degree:	
College:			Address:	
From:	To:	Did you graduate?	Degree:	
Other:			Address:	
From:	To:	Did you graduate?	Degree:	
Please list any other educational or training information relevant to the job function for which you are applying.				
Please list any professional awards, designations, or professional memberships.				

### PREVIOUS EMPLOYMENT

*Although you may submit a resume, please provide your prior employment history starting with your most recent position.*

Company:		Phone:	
Address:		Supervisor:	
Job Title:			
Responsibilities:			
Employed From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			
Company:		Phone:	
Address:		Supervisor:	
Job Title:			
Responsibilities:			
Employed From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?			

### REFERENCES

*Please list three professional references.*

Full Name:		Relationship:	
Company:		Phone:	
Full Name:		Relationship:	
Company:		Phone:	
Full Name:		Relationship:	
Company:		Phone:	

### REFERRED BY

*Please indicate name of current Med-Metrix employee that referred you, if applicable:*

**AN EQUAL OPPORTUNITY EMPLOYER**

Med-Metrix, LLC is an Equal Opportunity Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to age, race, color, religion, gender, national origin, ancestry, citizenship status, marital status, familial status, sexual orientation, gender identity, expunged juvenile records, conviction or arrest record, sex (including pregnancy), gender identity or expression, military status, genetic information, atypical hereditary cellular or blood trait, disabled veterans, veterans of the Vietnam era, disability (including AIDS and HIV related illnesses) and any other characteristic protected by federal, state, or local law.

**ACKNOWLEDGEMENT AND AUTHORIZATION**

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements included in this application as may be necessary in arriving at an employment decision. I release from all liability anyone supplying such information. I also release the employee from all liability that may result from making an investigation.

It is understood that no representative or agent of the Company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit, or other term or condition of employment other than in a document signed by an authorized executive of this company. I further understand that no representation, whether oral or written, by a representative or agent of the Company, at any time, can constitute a contract of employment.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in discharge. Additionally, I understand that I will be required to complete a background check and an unfavorable finding could negatively impact my employment with Med-Metrix, LLC.

I acknowledge that I have read and understood the above statements and hereby grant permission to confirm the information supplied on this application.

Signature of Applicant:

Date: