



Application for Employment (10-31-19)

Medical Data Systems, Inc.
2001 9th Avenue, Suite 312
Vero Beach, Florida 32960
T: (772) 770-2255 / F: (772) 770-1404
www.meddatasy.com

BRANCH OFFICE: _____

IMPORTANT: APPLICATION INSTRUCTIONS

You must furnish all requested information on this employment application and clearly specify the specific job title of the position vacancy for which you seek consideration. The information you provide on the employment application will be used to determine your qualifications for employment. If you do not fully and accurately answer all questions on the employment application, a delay may occur for employment consideration and you may lose an employment opportunity. Those applications requiring reasonable accommodation to the application and/or interview process should notify a recruitment representative.

APPLICANT INFORMATION

Name _____
Last First Middle

Address _____
Street City State Zip Code

Home Phone (____) _____ Cell/Message Phone (____) _____ E-mail _____

GENERAL INFORMATION

Position applied for _____ Date of Application ____/____/____

If necessary, when is the best time to call you at home?.....AM / PM

May we contact you at work? Yes No

Are you 18 years of age or older? Yes No

Were you referred to us?..... Yes No

If yes, please provide name of person or source referred by: _____

Are any of your relatives presently employed with Medical Data Systems, Inc.? Yes No

If yes, please provide name of relative(s): _____

Have you ever worked for Medical Data Systems, Inc. before?..... Yes No

If yes, where: _____ and approximate date ____/____/____

Have you ever applied to Medical Data Systems, Inc. before?..... Yes No

If yes, where: _____ and approximate date ____/____/____

Do you have the legal right to work in the United States?..... Yes No
(If hired, you will be required to provide identification to prove eligibility for employment)

On what date are you available to work: ____/____/____ Minimum salary acceptable?.....\$ _____

Are you available to work: () Full Time (40 hours per week) () Part Time (Less than 30 hours per week)

Are you able to meet the attendance requirements of the position?..... Yes No

Will you work overtime if required?..... Yes No
If No, please explain: _____

Have you ever been convicted of, pled nolo contendere (no contest) to, had adjudication withheld, been placed on probation or entered a pretrial diversion program for the commission of a crime other than a minor traffic offense? (Answering "yes" to this question will not automatically disqualify you from employment.)..... Yes No

You should answer "no record" if a conviction has been sealed or expunged or otherwise statutorily eradicated. If you responded yes, please explain below. To help us evaluate your application, please describe the nature of the crime and your subsequent rehabilitation. _____

Can you perform the essential functions of the job with or without reasonable accommodation?..... With Without

Driver's license number, if driving is an essential job function _____ State _____

EDUCATIONAL & TRAINING BACKGROUND

Education	School-City-State	Course of Study	Years Completed	Graduated? Y/N	Degree Obtained
High School					
College					
Graduate School					
Technical / Other					

EMPLOYMENT HISTORY

Please list, beginning with your current or most recent employment, any and all prior work experience which you have had during the past 10 years. Include Military Service as part of your employment record. Please write on the back if additional pages are necessary. If you have a Resume, please attach it to this application.

Company Name:	Address:
Supervisor:	Telephone Number:
Employed: (Mo & Yr) From To	Job Title:
May MDS contact this Employer? () Yes () No-Explain	
Reason for Leaving:	
Job Duties:	

Company Name:	Address:
Supervisor:	Telephone Number:
Employed: (Mo & Yr) From To	Job Title:
May MDS contact this Employer? () Yes () No-Explain	
Reason for Leaving:	
Job Duties:	

Company Name:	Address:
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Job Duties:	

Company Name:	Address:
Supervisor:	Telephone Number:
Employed: (Mo & Yr) From To	Job Title:
May MDS contact this Employer? () Yes () No-Explain	
Reason for Leaving:	
Job Duties:	

REFERENCES

List name, address and telephone numbers of three business/work references who are *not* related to you and at least one who is a previous supervisor. If not applicable, list three school or personal references that are *not* related to you.

Name	Address	Telephone	Years Known

SKILLS AND QUALIFICATIONS

Summarize any special training, software applications, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.



Application Acknowledgement

Employment is conditioned on the successful completion of the screening process. By signing this application, I represent that the information provided in this application is given voluntarily and indicates that I have read and understand the importance of supplying complete and accurate information on the application. I am also aware of the possibility of an offer of employment being withdrawn or my employment being terminated if any of the information is not complete and correct.

Signature of Applicant _____ Date _____

Please read the following carefully, initial each paragraph and sign below:

I certify that I have answered the above questions truthfully and have not withheld any information relevant to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the applications information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

Initial

I authorize Medical Data Systems, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Medical Data Systems, Inc., my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initial

I authorize Medical Data Systems, Inc. to investigate whether I have a criminal record, and, if so, the nature of such and all the surrounding circumstances. Social Security # _____
Date of Birth: _____

Initial

If hired, I agree to adhere to the rules and policies of Medical Data Systems, Inc. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of Medical Data Systems, Inc. or myself. I understand that the President of the company is the only persons who will ever have the authority to create any other terms of employment and/or to enter into any employment contract and that all such contracts must be in writing and signed by both parties. However, I also understand that unless otherwise stated in an employment contract, the company may change, withdraw and interpret other policies (including wages, hours and working conditions), as it deems appropriate.

Initial

Signature of Applicant _____ Date _____