



## APPLICATION FOR EMPLOYMENT

Please fill out this application completely to help us learn more about you. If you have any questions or need help, please let us know. Monarch Medical is an equal opportunity employer committed to a policy of non-discrimination in employment and to having a diverse workforce. Qualified applicants are given consideration for employment without regard to race, sex, marital or veteran status, religion, color, national origin, age, sexual orientation, the presence of mental, physical or sensory disabilities, or any other basis prohibited by local, state or federal law. False statements on this application form shall be considered sufficient cause for termination.

Today's Date: \_\_\_\_\_ Position Applying for: \_\_\_\_\_ Location: \_\_\_\_\_

### Personal Information

Last Name	First Name	Middle Name
Address	City	State      Zip Code
Home Phone Number	Cell Phone Number	Email Address

Can you perform the essential functions of the position for which you are applying?       Yes  No  
 If you have a disability that requires accommodation to perform the position for which you are applying, please explain what accommodations would allow you to perform the job successfully:

Have you been convicted of a felony or any criminal offense involving dishonesty or violence against a person, possession or use of weapons or drugs/alcohol, or destruction of property within the past 7 years?  
 Yes  No      If Yes, please explain the nature of the offense, date, court and description:

Are you eligible for employment in the United States (proof required upon hire)?       Yes  No

Are you less than 18 years of age?\*  Yes  No  
*\*We are required to comply with federal and state law.*

Have you previously applied for employment or been employed with Monarch Medical?  Yes  No  
 If Yes:

Location	Position Held	Dates of Employment
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How did you hear about us: \_\_\_\_\_  
 If referred by a Monarch Medical employee/patient, please list name: \_\_\_\_\_

### Availability

When are you available for employment with Monarch Medical? \_\_\_\_\_  
 Desired Pay: \_\_\_\_\_

Are you open to relocation:  Yes  No      If Yes, where? \_\_\_\_\_

Please list the hours and days of the week you are available to be scheduled:

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
To:							
From:							



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## Education

Level	Name & Location	Major/Subject	Years Completed				Graduated?	
			1	2	3	4	Yes	No
High School								
College University								
Business Technical School								
Other								

## Work Experience

Tell us about your last three employers, starting with the most recent one first. You may also list any non-paid or volunteers experience that you believe may be related to the job for which you are applying. Please provide this information even if you attach a resume.

Company	Supervisor's Name and Title	Phone Number
Address	Starting Date	Ending Date
Position	Salary (final or current)	Reason for Leaving

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Have you even been terminated by an employer \_\_\_\_ Yes \_\_\_\_ No  
 If Yes, please explain the circumstances: \_\_\_\_\_



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**Reference List**

If we elect to pursue your candidacy beyond the second interview, we will need to check your employment references. We are interested in speaking with those whom you have reported directly.

Current and/or previous work supervisor:

Name	Phone Number	Position	Company	Length of relationship
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Current and/or previous work supervisor:

Name	Phone Number	Position	Company	Length of relationship
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Anyone else you would encourage us to speak with about why you would be a great addition to our team?

Name	Phone Number	Position	Company	Length of relationship
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**Authorization**

**Consent for Release of Information**

As part of our employment screening and selection procedures, Monarch Medical requires that a pre-employment verification of background information be conducted on all finalist candidates. This specifically includes, but is not limited to verification of education, employment history, credit history as permitted by the Fair Credit Reporting Act, a review of any local, county, state, and federal government agency public records, and business and/or personal references.

This Authorization and Release gives your permission to Monarch Medical, or it's designated agent, to conduct the background investigation. Further, I authorize the procurement of any other information that relates to my background, character, and personal reputation that may be deemed relevant to my employment. All information will be proprietary and kept confidential.

I, the undersigned, do hereby certify that the information provided be me in my application for employment, resume or in verbal discussions relating to my considerations for employment are true and complete to the best of my knowledge. I hereby authorize Monarch Medical, or it's designated agent, to 1) investigate the truthfulness of all statements made on my application or resume, or in verbal statements made by me in the interview process; 2) contact any verification of my education, employment, personal, credit and motor vehicles records and to receive any criminal history relating to me which may be on file with any local, state, or federal criminal justice agencies; and 3) disclose verbally or in writing the results of any investigation with authorized employees or agents of Monarch Medical, involved in the hiring process.

I have read and understand this Authorization and Consent. I request that this document in its original or copy form serve as my valid authorization to any and all persons, educational institutions, past and/or current employers, organization, credit agencies, law enforcement or criminal reporting agencies, and other agencies to release all such personal, institutions, agencies, and organizations providing such information from liability in any or all claims and damages connected with their providing requested information.

I further agree to indemnify, discharge and forever hold harmless Monarch Medical from any and all damages, claims, losses, liabilities, costs and expenses incurred as direct or indirect results of any lawsuit or administrative proceeding brought against Monarch Medical, which is related directly or indirectly to the disclosure of any such information to such investigation.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Monarch Medical or myself.

**Signature & Date**

Signature \_\_\_\_\_ Date \_\_\_\_\_