EMPLOYMENT APPLICATION

Please fill out the entire application.

EMPLOYER INFORMATION

Employer Name: MD STAFFING
Address: _____
City, State, and Zip Code: Katy, TX, 77493
Telephone: (832) 396-933

MD STAFFING is an Equal Opportunity Employer. We do not discriminate in our hiring practices on the basis of race, religion, color, sex, gender, identity, sexual orientation, age, disability, national origin, religion, veteran status, or any other status protected under federal, state, or local law.

All employment decisions at MD STAFFING are decided on the basis of candidate qualifications, merit, and the unique needs of our business and the position.

APPLICANT INFORMATION

Applicant Name: _____
Address: _____
City, State, and Zip Code: _____
Telephone: _____ Alternate phone: _____
Email Address: _____

Date of Application: _____

EMERGENCY CONTACT

Contact Name: _____
Relationship to you: _____
Address: _____
City, State, and Zip Code: _____
Telephone: _____ Alternate phone: _____

EMPLOYMENT POSITION

Employment Position Applied For: _____
Full or Part Time: _____

When can you begin work if you are hired? _____
Salary Desired: $ _____ per _____

WORK ELIGIBILITY

Are you at least 18 years old?_____ Yes _____ No

If offered employment, are you able to provide proof that you are legally eligible to work in the United States? _____ Yes _____ No

Driver's License (State/Number): _____

Are you willing to work any shift, including nights and weekends? _____ Yes _____ No
If no, please state any limitations: _____

EDUCATIONAL BACKGROUND

Please list the schools attended.
Include any other pertinent information about your education and training.

School name: _____
Address: _____
From: _____ To: _____ Did you graduate? _____ Yes _____ No
Subjects studied: _____

College/University: _____
Address: _____
From: _____ To: _____ Did you graduate? _____ Yes _____ No
Degree received: _____

Other: _____
Address: _____
From: _____ To: _____ Did you graduate? _____ Yes _____ No
Degree received: _____

Professional licenses, qualifications, or certifications:
_____
Special Achievements or Awards:
_____

EMPLOYMENT HISTORY

Please list all jobs. Begin with the current or most recent employment.

Continue on an extra sheet of paper if necessary.

Name of Employer: _____
Address: _____
From: _____ To: _____ Position: _____
Key Duties: _____
Reason for Leaving: _____
Supervisor Name: _____ Supervisor Phone: _____

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REFERENCES

Name: _____
Relationship: _____
Address: _____
City, State, and Zip Code: _____
Telephone: _____

Name: _____
Relationship: _____
Address: _____
City, State, and Zip Code: _____
Telephone: _____

I certify that all statements given on this application are true and complete to the best of my knowledge. I understand that any statements found to be false or misleading give sufficient reason not to hire me, or if hired, can be grounds for immediate termination. I authorize MD STAFFING to conduct any investigation deemed appropriate concerning my application.

I authorize former employers, references, and all other individuals and organizations disclosed herein to provide any information sought in connection with this application.

The employment is at will, meaning that the employment is subject to termination at any time, with or without cause or notice, and at any time. I acknowledge that no written or oral representations nor representations about the employment can alter the at will employment status, except those which are executed by representatives at MD STAFFING with the express authority to do so.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE_____ DATE _____