
PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First MI Social Security Number

Address: _____
Street (Apt) City/State Zip

Alternate Address: _____
Street City/State Zip

Contact Information: _____
() ()
Home Telephone Mobile Telephone Email

POSITION SOUGHT: _____

Available Start Date: _____

Desired Pay Range: _____
Hourly or Salary

Are you currently employed? _____

Desired Shift: _____

Are you legally authorized to work in the US?: _____

Have you previously applied at Instru-med?: _____

Referred By: _____

EDUCATION

	Name and Location	Graduate? – Degree?	Major / Subjects of Study
High School			
College or University			
Specialized Training, Trade School, etc...			
Other Education			

List any relevant skills or certifications:

PREVIOUS EXPERIENCE

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving: **May we contact this employer?:** _____

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving: **May we contact this employer?:** _____

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving: **May we contact this employer?:** _____

Dates Employed	Company Name	Location	Role/Title

Job notes, tasks performed and reason for leaving: **May we contact this employer?:** _____

REFERENCES

List three professional references:

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

Name: _____

Address: _____

City/State/ZIP: _____

Telephone: _____

Relationship: _____

CERTIFICATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

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

APPLICANT SIGNATURE

DATE