



APPLICATION FOR EMPLOYMENT

MEDICAL SOLUTIONS, INC. is an equal opportunity employer. Federal law prohibits discrimination in employment practices on the basis of race, color, religious affiliation, national origin, sex, age, or disability. No information requested on this application will be used for the purpose of excluding any applicants consideration for employment because of his or her race, color, religion, national origin, sex or disability.

INSTRUCTIONS: Please print clearly or type, answering ALL questions carefully and completely. If the question does not apply, please insert N/A in the space provided.

DATE: _____

PERSONAL DATA:

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET

CITY STATE ZIP CODE

DAYTIME PHONE NUMBER: _____

EVENING PHONE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

NOTE: Your Social Security Number is requested. Its disclosure is voluntary; it is not solicited by statutory authority; it will be used in communications about you as means to reduce errors, and no right, benefit or privilege will be denied you if you do not have or do not disclose a Social Security Number.

3901 Centerview Drive, Suite L • Chantilly, VA • 20151
Phone: 800-435-7600 • Fax: 703-834-0039

GENERAL INFORMATION:

CHECK ONE: Regular Full Time Regular Part Time Temporary Full Time Summer

TYPE OF POSITION DESIRED: _____

SALARY DESIRED: _____ PER _____

WHEN COULD YOU BEGIN WORK? _____

OFFICE MACHINE (S) YOU CAN OPERATE (if applying for clerical work): _____

TYPING (WPM): _____ **SHORTHAND (WPM):** _____

EMPLOYMENT HISTORY: This section should be completed starting with your most recent position and working back. If employed by an organization for more then five (5) years, indicate all significant assignments there. Leave no gaps in time sequence. Include all paid, part-time, military, summer and temporary employments.

PRESENT OR LAST EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

START DATE: _____ **TERMINATION DATE:** _____

STARTING SALARY: _____ per _____ **ENDING SALARY:** _____ per _____

STARTING POSITION TITLE: _____

ENDING POSITION TITLE: _____

REASON FOR LEAVING: _____

SCOPE OF DUTIES AND RESPONSIBILITIES: _____

MAY WE CONTACT FOR REFERENCES? yes no later

1ST PREVIOUS EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

START DATE: _____ **TERMINATION DATE:** _____

STARTING SALARY: _____ per _____ **ENDING SALARY:** _____ per _____

STARTING POSITION TITLE: _____

ENDING POSITION TITLE: _____

REASON FOR LEAVING: _____

SCOPE OF DUTIES AND RESPONSIBILITIES: _____

MAY WE CONTACT FOR REFERENCES? yes no later

2ND PREVIOUS EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

START DATE: _____ **TERMINATION DATE:** _____

STARTING SALARY: _____ per _____ **ENDING SALARY:** _____ per _____

STARTING POSITION TITLE: _____

ENDING POSITION TITLE: _____

REASON FOR LEAVING: _____

SCOPE OF DUTIES AND RESPONSIBILITIES: _____

MAY WE CONTACT FOR REFERENCES? yes no later

3rd PREVIOUS EMPLOYER: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

START DATE: _____ **TERMINATION DATE:** _____

STARTING SALARY: _____ per _____ **ENDING SALARY:** _____ per _____

STARTING POSITION TITLE: _____

ENDING POSITION TITLE: _____

REASON FOR LEAVING: _____

SCOPE OF DUTIES AND RESPONSIBILITIES: _____

MAY WE CONTACT FOR REFERENCES? yes no later

(if the space available for former employers is insufficient, attach a separate sheet)

ADDITIONAL EXPERIENCE:

List any other relevant experience, travel or study that you may desire to be considered: _____

EDUCATION AND TRAINING:

List all elementary, junior high, and high schools attended, completed, or currently enrolled.

NAME	LOCATION	GRADUATED	
		YES	NO

College education. List information below for all colleges or universities attended, completed, or currently enrolled.

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	CREDIT HOURS		DEGREE RECEIVED
	SEM.	QTR.	

MAJOR AND MINOR COURSES OF STUDY:

OTHER SCHOOLS OR TRAINING (TRADE, VOCATIONAL OR BUSINESS). For each, give the name and location of school, dates attended, subjects studied, certificate and any other pertinent information.

ACADEMIC ACHIEVEMENTS:

List academic honors or achievements you consider significant in relationship to the position for which you are applying.

Research: _____

Publications: _____

Professional Licenses: _____

SECURITY:

Have you ever been arrested, charged or convicted of a violation of the law other than minor traffic offenses?

(Include military convictions for violation of the Uniform Code of Military Justice.)

yes no

If the answer to the above question is yes, describe the details. (Give date, nature of offense, place of offense and disposition of case.)

NOTE: A conviction does not automatically mean you cannot be employed. What you were convicted of and how long ago will be considered. You need not disclose any conviction record that has been expunged.

Please read the following statement carefully. Sign only after the entire application has been completed.

IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION, REGARDLESS OF WHEN DISCOVERED, WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM MEDICAL SOLUTIONS, INC. SERVICE IF I HAVE BEEN EMPLOYED.

AN EMPLOYMENT OFFER MADE BY MEDICAL SOLUTIONS, INC. IS CONTINGENT UPON MY FURNISHING SATISFACTORY PROOF OF ELIGIBILITY TO WORK IN THE U.S. UNDER THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

I GIVE MEDICAL SOLUTIONS, INC. THE RIGHT TO INVESTIGATE ALL REFERENCES AND TO SECURE ADDITIONAL INFORMATION ABOUT ME, INCLUDING CRIMINAL, CREDIT, AND OTHER BACKGROUND CHECKS. MEDICAL SOLUTIONS, INC. ALSO HAS THE RIGHT TO REQUIRE, AT ITS EXPENSE, DRUG TESTING FOR ME IF AND WHEN AN OFFER OF EMPLOYMENT IS MADE AND FROM TIME TO TIME DURING MY EMPLOYMENT IF SUCH OFFER IS ACCEPTED. I HEREBY RELEASE FROM LIABILITY MEDICAL SOLUTIONS, INC. AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION.

MEDICAL SOLUTIONS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER. MEDICAL SOLUTIONS, INC. DOES NOT DISCRIMINATE IN EMPLOYMENT, AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCUSING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE, OR FEDERAL LAW.

THIS APPLICATION IS CURRENT FOR ONLY 60 DAYS. AT THE CONCLUSION OF THIS TIME, IF I HAVE NOT HEARD FROM MEDICAL SOLUTIONS, INC. AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY TO FILL OUT A NEW APPLICATION.

I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, MEDICAL SOLUTIONS, INC. RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF MEDICAL SOLUTIONS, INC. HAS THE AUTHORITY TO MAKE ASSURANCES TO THE CONTRARY.

Signature of Applicant

Date