MMRC HEALTH MANAGEMENT, LLC APPLICATION

MMRC Health Management LLC is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

PERSONAL: Date _____/ _____ / _____

Name _____
LAST FIRST MIDDLE

Home Phone (_____) _____

Present Address_____
NUMBER STREET CITY STATE ZIP

Social Security Number _____ Are you over 18? Yes☐ No☐

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States?

Yes☐ No☐

Have you ever been convicted of any crime {excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes☐ No☐ If yes, state the offense, location, date and disposition _____

NOTE: A conviction will not necessarily disqualify you from employment.

Do you have the ability, with or without reasonable accommodations, to work overtime or to travel if travel and/or overtime are required by the job for which you are applying? Yes☐ No☐ If no, please explain

_____

Drivers License: Yes☐ No☐ If Yes, please fill out information on next line:

State _____ Exp _____

EMPLOYMENT DESIRED: Are you seeking ☐ full-time ☐ part-time employment?

Position applied for _____ Salary Desired_____ Date
Are there any days or hours you would be unable or unwilling to work? Yes☐ No☐ If yes, please

specify those days or hours you would be unable or unwilling to work

_____

EDUCATION:

Did you graduate High School or obtain a GED? ☐ Yes ☐ No

Did you graduate college? ☐ Yes ☐ No If Yes, please fill out the next line:

College _____

Name Degree Obtained Date Graduated

WORK HISTORY List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment

_____

Dates Employed Name of Employer Address City, State, Zip Code Telephone

_____

Dates Employed Name of Employer Address City, State, Zip Code Telephone

REFERENCES: Give three references, not relatives or former employers.

_____

Name Phone Relationship

_____

Name Phone Relationship

AFFIDAVIT I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I hereby authorize the Company to contact any company or individual it deems appropriate to investigate my employment history, character and qualifications and I give my full and complete consent to their revealing any and all information they wish as a result of this investigation. I also understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.

Signature_____ _____ Date _____ /___ /_____