

Medix^{inc.}

IT STAFFING SOLUTIONS

Application for Employment

Type or print clearly. This form should be completed carefully and fully. It is essential that we have complete information regarding your training and experience. Please complete all sections even if you have already provided us with your resume. Your present employer will not be contacted for a reference without your consent. Reasonable accommodations will be made for applicants when requested

- You may be required to provide proof of appropriate health status (if applicable based on position).
- You may be required to provide drug and/or criminal background screening (where required by policy, law, or client contract).

Applicant Information										
Full Name: _____							Date: ____ / ____ / ____			
<i>Last</i>			<i>First</i>			<i>M.I.</i>				
Address : _____										
<i>Street Address</i>						<i>Apartment/Unit #</i>				
<i>City</i>					<i>State</i>		<i>ZIP Code</i>			
Home Phone: (____) - _____		Mobile Phone: (____) - _____		Email: _____						
Social Security Number: _____ - - _____				Are you legally authorized to work in the USA?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Applied For: _____			Pay Desired: \$ _____		Date Available: ____ / ____ / ____					
How where you referred to Medix Staffing					If other please describe:					
Education										
High School:			Address: _____							
From: ____ / ____	To: ____ / ____	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____				
College:			Address: _____							
From: ____ / ____	To: ____ / ____	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____				
Other:			Address: _____							
From: ____ / ____	To: ____ / ____	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____				
Other:			Address: _____							
From: ____ / ____	To: ____ / ____	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree: _____				
Skills & Availability										
PLEASE CHECK THE SPECIALTY AREA(S) THAT BEST MATCH YOUR EDUCATION, EXPERIENCE, AND INTEREST:										
<input type="checkbox"/> Desktop Support	<input type="checkbox"/> Software Developer	<input type="checkbox"/> Network Engineer					<input type="checkbox"/> IT Manager			
<input type="checkbox"/> Help Desk	<input type="checkbox"/> PC Technician	<input type="checkbox"/> Systems Engineer					<input type="checkbox"/> Database Administrator			
<input type="checkbox"/> IT Consultant	<input type="checkbox"/> Programmer	<input type="checkbox"/> Web Developer					<input type="checkbox"/> Data Developer			
<input type="checkbox"/> Other										
PLEASE CHECK THE SHIFT(S) AND DAYS OF THE WEEK YOU ARE AVAILABLE TO WORK:										
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> Days		Systems: _____							
<input type="checkbox"/> PART TIME	<input type="checkbox"/> Afternoons		Platforms: _____							
<input type="checkbox"/> Other	<input type="checkbox"/> Nights		Languages: _____							
		<input type="checkbox"/> Other	Software: _____							
Maximum Number of Miles Willing to Commute: _____					Please Initial: _____					

Employment History

Please list all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment and what you were doing during that time. Include military experience, summer, part-time jobs, and any verifiable work performed on a voluntary basis. (Attach additional sheets if necessary)

Company 1:		Phone: () -	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From: //	To: //	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company 2:		Phone: () -	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From: //	To: //	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company 3:		Phone: () -	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From: //	To: //	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company 4:		Phone: () -	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities:			
From: //	To: //	Reason for Leaving:	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

References

Please list three professional reference, preferably those who were in a supervisory role:

Full Name 1:	Company:
Title:	Phone: () -
Full Name 2:	Company:
Title:	Phone: () -
Full Name 3:	Company:
Title:	Phone: () -
Full Name 4:	Company:
Title:	Phone: () -

Emergency Contacts

Primary Contact:	Relationship to Employee	Home Phone: () -
Address:	Work Phone: () -	Cell Phone: () -
Secondary Contact:	Relationship to Employee	Home Phone: () -
Address:	Work Phone: () -	Cell Phone: () -

General Information

Have you ever been convicted of a misdemeanor crime?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes please explain below:
Have you ever been convicted of a felony crime?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	If yes please explain below:
Are you bound by a non-competition agreement of your current or previous employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by Medix Staffing Solutions, Inc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes list locations and dates below:
Are any of your relatives employed by Medix Staffing Solutions, Inc?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes list locations and dates below:

*(This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction. A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time which has expired since its occurrence and any rehabilitation you have undergone. Relevant circumstances will be considered)

APPLICANT ACKNOWLEDGEMENT

I certify that the information in this application is accurate, current, and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment.

I authorize Medix Staffing Solutions, Inc. to conduct investigations in which information may be obtained through personal interviews with business associates, personal acquaintances, financial sources, or other third parties regarding my employment history, credentials, character, and credit background and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize Medix Staffing Solutions to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for local, state, federal, contractual or accreditation audit purposes. I also authorize Medix Staffing Solutions to disclose any of my performance appraisals, disciplinary records, or skills tests for the same purposes as above. I release Medix Staffing Solutions and any individual entity providing information to Medix Staffing Solutions from all liability for any damages from the disclosure of this information.

I also understand and agree that:

- Passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.
- I may be subject to pre-employment drug testing or a drug test where reasonable suspicion exists, or where warranted by circumstances, workplace conditions, or contractual requirements.
- I understand and agree that I will not be considered an employee of or have any type of employee/employer relationship with Medix Staffing Solutions until such time as my interview, references, criminal background checks, I-9, tax forms, and other pre-employment requirements are completed, and I am actually placed with a Medix client.
- Medix Staffing Solutions is under no obligation to hire me or find placement on my behalf with one of its clients.

I understand and agree that nothing contained in this employment application (including tax forms) or in granting of an interview creates an employment contract between Medix Staffing Solutions and myself. Nor does this create employment or provide any benefit of any sort. No promises regarding employment have been made to me. I acknowledge that the purpose of filling out all forms (including tax forms) at this pre-hire stage is solely for administration purposes and it will not be used for a hiring decision for employment. If an employment relationship is established, I understand that my employment will be terminable 'at will' and Medix Staffing Solutions retains the right to terminate my employment at any time. I will also have the right to terminate my employment at any time with written notice of at least 1 week.

I understand and agree that this application is a continuous document and should any of the information which I have supplied herein change, I am obligated to notify Medix Staffing Solutions of such change immediately.

I understand that should I become employed by Medix Staffing Solutions, my work assignments, schedules and/or work locations, are subject to change according to the needs of the business and the clients of Medix Staffing Solutions.

Applicant Signature:		Date: / /
Interviewed by: 1 Name:		Date: / /
Interviewed by: 2 Name:		Date: / /



Authorization for Background Investigation

To Whom It May Concern:

I, _____ hereby authorize Medix Staffing Solutions and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment with a Medix Staffing solutions client.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, worker's compensation record, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish Medix Staffing Solutions with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application for Employment and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth (for I.D. purpose only): ____ / ____ / ____

Social Security Number: ____ - ____ - _____

Driver's License Number: _____

Medix Staffing Solutions will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number where we may contact you.

Phone: (____) - _____ Cell: (____) - _____

Signature: _____ Date: ____ / ____ / ____