

Qualified applicants receive consideration without discrimination because of sex, marital status, race, color, creed, national origin or age.

# Employment Application

Please read this form completely before you sign this application. False statements on this application shall be considered sufficient cause for termination.

Please complete this application completely

Personal Information:		Today's Date:
Name: (Last, First, Middle Initial)		Cell Phone:
Social Security Number:	Date of Birth:	Home Phone:
Present Address: (Street)		Evening Phone:
Present Address: (City, St., Zip)		Time at present Address: Yr. Mo.
Email Address:		Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact:		Emergency Phone:
Driver's License Number:	State:	Do you have any hearing Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No
Car (Yr, Make and Model):	Is it Reliable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your car insurance current? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold an active license to sell Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to or do you live with someone who has an active license to sell insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If less than 5 years at present address please list addresses for the last 5 years.		

Education				
	Name & Location	Last Grade Completed	Graduated?	Degree/Major
High School:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/University:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialized Courses & Training:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you did not graduate, why did you leave your last school?				
Do you intend to return to school? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, When and for what Degree?		
Additional Information to include military service, technical schools, awards and/or certificates:				

<b>Additional Experience/Skills/Information:</b>
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Are you presently Employed?  
 No  Yes, Please specify the days and hours you would work for us?

What type of work are you currently looking for?  Full-Time  Part-Time  Independent Contractor

Days and Times you would be Available to Work?  
 Have you ever been convicted of a misdemeanor or felony within the last 7 years.  No  Yes, Please list all violations to include speeding tickets and other traffic violations.

Do you have obligations that would keep you from traveling?  
 No  Yes, Please Explain:

Do you have obligations that would prevent you from working overtime?  
 No  Yes, Please Explain:

Are you Bilingual?  No  Yes, Please specify other languages you are fluent in.

Please list any computer and/or software skills to include WPM you can type:

Work History:			
Company Name:	Address: (Street , City, Zip)		
Phone #	Name & Title of Supervisor:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	Position:	Responsibilities:	
End Date:	Salary/Pay:		
Reason For Leaving:			
Company Name:	Address: (Street , City, Zip)		
Phone #	Name & Title of Supervisor:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	Position:	Responsibilities:	
End Date:	Salary/Pay:		
Reason For Leaving:			
Company Name:	Address: (Street , City, Zip)		
Phone #	Name & Title of Supervisor:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	Position:	Responsibilities:	
End Date:	Salary/Pay:		
Reason For Leaving:			
Company Name:	Address: (Street , City, Zip)		
Phone #	Name & Title of Supervisor:	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Start Date:	Position:	Responsibilities:	
End Date:	Salary/Pay:		
Reason For Leaving:			

Personal References:				
Name:	Address:	Occupation:	Phone #:	Period Known:

Applicant's Certification and Agreement	
<p>I hereby authorize Prime Medical Testing Inc. to investigate my background, references, employment records, education, and other matters related to my suitability for employment. I authorize persons, schools, my current/previous employers, and any organizations contacted by Prime Medical Testing Inc. to release any information regarding this application for employment and I release all persons, schools, employers, and organizations of any and all claims for providing such information. I understand that filling out this form does not necessarily indicate that there is a position open and does not obligate Prime Medical Testing Inc. to hire me. I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge and I understand that nothing in this application or conveyed during any interview (if granted,) is intended to create a promise of employment or any contractual rights. I understand that if I am employed, false statements or any omissions on this application shall be considered sufficient cause for dismissal regardless of the time elapsed before discovery.</p>	
Signature:	Date:

<b>Examiner Position:</b> (To be completed only if you are applying for an Examiner/Independent Contractor Position)		
When did you last work in a medical setting in which you used your phlebotomy skills? Do you use the vacutainer method? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please rate your Phlebotomy Skills. <input type="checkbox"/> Beginner <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent
Who was that employer?	Supervisor	Phone #
Please mark all procedures you can perform. <input type="checkbox"/> Take Blood Pressures <input type="checkbox"/> Perform 12 Lead EKGs <input type="checkbox"/> Record Medical Histories		Have you had training in: <input type="checkbox"/> Drug Screen Collections Date Certified: <input type="checkbox"/> Breath Alcohol Testing Date Certified:
Please mark all equipment that you already own: <input type="checkbox"/> Stethoscope <input type="checkbox"/> Sphygmomanometer <input type="checkbox"/> Weight Scale <input type="checkbox"/> Tape Measure <input type="checkbox"/> Equipment Carrying Case <input type="checkbox"/> Centrifuge <input type="checkbox"/> Sharps Container <input type="checkbox"/> EKG Machine (Make and Model) <input type="checkbox"/> BAT Machine (Make and Model) <input type="checkbox"/> TVC Machine (Make and Model) <input type="checkbox"/> Other Equipment		Please mark all areas where you would like to perform medical exams. <input type="checkbox"/> Amarillo <input type="checkbox"/> Canyon <input type="checkbox"/> Clarendon <input type="checkbox"/> Childress <input type="checkbox"/> Hereford <input type="checkbox"/> Tulia <input type="checkbox"/> Borger <input type="checkbox"/> Pampa <input type="checkbox"/> Dalhart <input type="checkbox"/> Perryton <input type="checkbox"/> Plainview <input type="checkbox"/> Lubbock <input type="checkbox"/> Shamrock <input type="checkbox"/> Guymon, OK

<b>Prime Medical Testing Inc. USE ONLY</b>		
Date of Interview:	Time of Appointment:	Time Arrived:
Interviewed By:		
Discussed Prime Medical Testing Inc. <input type="checkbox"/> Services We Provide <input type="checkbox"/> Work Schedule <input type="checkbox"/> Dress Code <input type="checkbox"/> Health Plan <input type="checkbox"/> Holiday Pay <input type="checkbox"/> Vacation Pay <input type="checkbox"/> Hourly Rate and Pay Cycle <input type="checkbox"/> If Examiner Commission Pay Structure		Discussed Applicant <input type="checkbox"/> Skill Level <input type="checkbox"/> Willingness to Learn <input type="checkbox"/> Job Duties
Was an offer of employment made? <input type="checkbox"/> Yes <input type="checkbox"/> No		Position Offered:
Scheduled Starting Date:		Salary/Pay: Unit Rate:
Notes:		