



# Pre-Employment Application

An Equal Opportunity Employer

11270 San Jose Blvd, Jacksonville, FL 32223  
 (904) 268-5549 <http://www.mumc.net>

We greatly appreciate your interest in our organization, and assure you that applicants are considered for all positions without regard to race, color, sex, age, religion, national origin, disability, marital or veteran status. Please note this application must be completed in its entirety and signed in order to be considered. Information submitted on this application is subject to verification.

**NOTE:** All new hires are required to submit documentation in accordance with the Immigration Reform and Control Act of 1986. In addition, new employees may be required to submit to drug/alcohol testing both prior to their first day of employment and during the scope of their employment.

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
City State ZIP Code How long at this address?

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Previous Address: \_\_\_\_\_ How long at this address?

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Position Applying for: \_\_\_\_\_ Desired Salary: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

	FULL	PART	
Type of employment desired?	<input type="checkbox"/>	<input type="checkbox"/>	
	TIME	TIME	
Are you willing to work overtime, if required?	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	
Are there any shifts or hours which you cannot work?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, please identify: _____
	YES	NO	
Have you ever applied for a position with us before?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, when? _____
	YES	NO	
Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>	If not, please state age: _____
	YES	NO	
Are you a U.S. Citizen?	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	
If no, are you authorized to work in the U.S.?	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	
Have you taken any illegal drugs in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	
Have you ever been convicted of any crime other than a minor traffic violation?	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	NO	

If yes, state date and places where charges occurred . Note answering Yes will not automatically disqualify you for employment

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Current / Previous Employment

Are you presently employed? YES  NO

Company: \_\_\_\_\_ 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  NO

Company: \_\_\_\_\_ 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  NO

Company: \_\_\_\_\_ 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  NO

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Disclaimer and Signature

*I hereby reaffirm that I have read the foregoing questions and that my answers to them are correct and that I have not misrepresented or withheld any information. I understand that falsification of this information may be cause for immediate dismissal. I further acknowledge that my employment may be terminated, and any offer of employment may be withdrawn without prior notice at any time by me or the company. I also understand that my employment is at will. This means that I am free to terminate my employment at any time, for any reason, and the company retains the same right. I understand that any offer of employment may be contingent upon a credit and criminal background investigation and a pre-employment drug screen. I hereby authorize all references of employment may be contingent upon a credit and criminal background investigation and a pre-employment drug screen. I hereby authorize all references and former employers listed on my employment application to give the company any and all information concerning my previous employers and any pertinent information they might have, personal or otherwise. I hereby release all parties, including agents, from any claims, causes of action, or liability from damages that may or could result from furnishing such information to the company or as a result of information obtained through a background investigation or drug screen..*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_