



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

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

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

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

## Education

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

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

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
YES NO  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?   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: \_\_\_\_\_