

# Zoetek Medical Pre-Employment Application

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address of Residence \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position applied for \_\_\_\_\_ Salary Desired: \$\_\_\_\_/Hour or \$\_\_\_\_\_/Year

Are you seeking:  full-time  part-time  temporary or summer employment?

Available to work:  All Shifts  Evenings  Nights  Days

Describe your interests, skills and abilities that you feel makes you the best candidate for this position.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date available to start: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever worked for our company before? 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 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:

\_\_\_\_\_

Are you a minimum of 18 years old? Yes  No

Do you have the ability to lift up to seventy pounds? Yes  No

**WORK HISTORY**

Current or most recent Employer	Dates Employed (Month & Year) / /		Position/Title
Address	From: / /	To: / /	Job Responsibilities:
Supervisor's Name	Telephone Number ( )		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Salary or Hourly Rate:	Starting Pay	Final Pay	Reason For Leaving

Previous Employer	Dates Employed (Month & Year) / /		Position/Title
Address	From: / /	To: / /	Job Responsibilities:
Supervisor's Name	Telephone Number ( )		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Salary or Hourly Rate:	Starting Pay	Final Pay	Reason For Leaving

**WORK HISTORY continued**

Previous Employer	Dates Employed (Month & Year) / /		Position/Title
Address	From: / /	To: / /	Job Responsibilities:
Supervisor's Name	Telephone Number ( )		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Annual Salary or Hourly Rate:	Starting Pay	Final Pay	Reason For Leaving

**EDUCATION**

What is the highest level of education that you have attained? \_\_\_\_\_

High School	From: / / To: / /	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma
Trade School	From: / / To: / /	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Diploma
College	From: / / To: / /	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College	From: / / To: / /	Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree

**REFERENCES (Former Supervisors Preferred)**

Name & Occupation	Address	Phone

**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 also understand that if hired, 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*Please complete this form and leave with our Receptionist. We appreciate your interest in joining our company.*