



MINUTE MEN OHIOCOMP MANAGED CARE ORGANIZATION

Employment Application - We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

APPLICANT INFORMATION				
Last Name		First		M.I. <input type="text"/>
Street Address		Apartment/ Unit #		
City		State		ZIP
Phone		E-mail Address		
Social Security No.	Are you over the age of 18?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you authorized to work in the U.S.?
YES <input type="checkbox"/>				
NO <input type="checkbox"/>				
If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986				
Position Applied for:			Desired Salary	
Are you applying for: Full time <input type="checkbox"/>			Date Available	
Part time <input type="checkbox"/>				
How did you hear about this position? (e.g. newspaper, career board, friend, etc.)				
Are you able to perform the essential functions of the position with or without accommodations? YES <input type="checkbox"/>				
NO <input type="checkbox"/>				
Have you ever worked for this company? YES <input type="checkbox"/>				
NO <input type="checkbox"/>				
If so, when?				
Are you currently employed? YES <input type="checkbox"/>				
NO <input type="checkbox"/>				
May we contact your present employer? YES <input type="checkbox"/>				
NO <input type="checkbox"/>				
Do you have a valid driver's license? YES <input type="checkbox"/>				
NO <input type="checkbox"/>				
State				
EDUCATION				
High School		Address		
Did you graduate? YES <input type="checkbox"/>		Degree		
NO <input type="checkbox"/>				
College		Address		
Did you graduate? YES <input type="checkbox"/>		Degree		
NO <input type="checkbox"/>				
Other		Address		
Did you graduate? YES <input type="checkbox"/>		Degree		
NO <input type="checkbox"/>				

Please List all Professional Licenses, Certifications, Professional Organization Affiliations: (include expiration date)

Please list any additional experiences, training, qualifications or skills which may be an asset to your employment:

PROFESSIONAL REFERENCES	
<i>Please list three professional references such as current or previous supervisors or co-workers.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT	
Company	Phone ()
Address	
Job Title	
Responsibilities	
From	To Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	
Job Title	
Responsibilities	
From	To Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	
Job Title	

Responsibilities		
From	To	Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Training	
Experience			

DISCLAIMER AND SIGNATURE	
<p>Information to the applicant:</p> <p>As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: submit other proof of authorization to work in the US, have a physical examination and/or a drug test, sign a conflict of interest agreement and nondisclosure and non-compete agreement and abide by its terms.</p> <p>I understand and agree to the information shown above. I certify that my answers are true and complete to the best of my knowledge.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p>	
Signature	Date