

IMS

A Medical and Paramedical Services Company
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EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

First Name _____

Middle Name _____

Last Name _____

Social Security Number _____

Street Address

City, State, Zip Code

Phone Number

() _____

Are you eligible to work in the United States?

Yes _____ No _____

If yes, please explain your immigration status.

If you are under age 18, do you have an employment/age certificates?

Yes ___ No ___

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes _____ No _____

If yes, please explain: _____

POSITION/AVAILABILITY:

Position Applied For

Days/Hours Available

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Hours Available: from _____ to _____

What date are you available to start work?

EDUCATION:

Name and Address Of School - Degree/Diploma - Graduation Date

Skills and Qualifications: Licenses, Skills, Training, Awards

EMPLOYMENT HISTORY:

Present Or Last Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

=====

Previous Position:

Employer: _____

Address: _____

Supervisor: _____

Phone: _____

Email: _____

Position Title: _____

From: _____ To: _____

Responsibilities: _____

Salary: _____

Reason for Leaving: _____

May We Contact Your Present Employer?

Yes _____ No _____

References:

Name/Title Address Phone

I certify that information contained in this application is true and complete.

I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature _____

Date _____