



Application for Employment

EMR, Inc. is an Equal Employment Opportunity and Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you still must complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box (do not indicate "See Resume.")

Position Applying For: Name (Last, First, Middle): Personal email address:

Street Address: City, State & Zip:

Are you seeking FT, PT, Temp: Home Phone: Work Phone: Cell Phone:

Are you eligible to work in the United States?

Are you currently employed by EMR?

Have you ever been employed by EMR?

Are you related to any current EMR employee?

If YES, their name and relationship to you?

When are you available to start work if hired?

If required for position, do you have a valid driver's license?

Military work experience:

How did you learn about this employment opportunity at EMR? (check all that apply)

Ad in newspaper EMR web site

State Labor Department Walk-in

Other web site _____

Online job posting _____

Referral by someone _____

Other _____

Desired salary/wage?

If YES, State of issuance and expiration date:

EDUCATION

	Name of school:	City/State:	Did you graduate?	If No, # of years left to graduate?	Degree Received	Major
High School:						
GED:						
Other School:						
College:						
College						

Other credentials/licenses/professional affiliations, etc., which are relevant to the job(s) for which you are applying:

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert):

WORK EXPERIENCE: Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete information with the notation "See Resume."

PLEASE NOTE: EMR reserves the right to contact all current and former employers for reference information.

Dates Employed (Most recent position) FROM: TO: Title:

Starting Salary: Final Salary: Full-Time Part-Time If PT, # hrs/wk: Contact my references: At any time Only if I am a finalist candidate

ORGANIZATON Name: Address:

SUPERVISOR Name: Title: Phone:

OTHER REFERENCE Name: Title: Phone:

Primary Duties:

Reason for Leaving:

Dates Employed (previous to above position) FROM: TO: Title:

Starting Salary: Final Salary: Full-Time Part-Time If PT, # hrs/wk: Contact my references: At any time Only if I am a finalist candidate

ORGANIZATON Name: Address:

SUPERVISOR Name: Title: Phone:

OTHER REFERENCE Name: Title: Phone:

Primary Duties:

Reason for Leaving:

Dates Employed (previous to above position) FROM: TO: Title:

Starting Salary: Final Salary: Full-Time Part-Time If PT, # hrs/wk: Contact my references: At any time Only if I am a finalist candidate

ORGANIZATON Name: Address:

SUPERVISOR Name: Title: Phone:

OTHER REFERENCE Name: Title: Phone:

Primary Duties:

Reason for Leaving:

Dates Employed (previous to above position) FROM: TO: Title:

Starting Salary: Final Salary: Full-Time Part-Time If PT, # hrs/wk: Contact my references: At any time Only if I am a finalist candidate

ORGANIZATON Name: Address:

SUPERVISOR Name: Title: Phone:

OTHER REFERENCE Name: Title: Phone:

Primary Duties:

Reason for Leaving:

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize EMR to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of EMR serve at-will, and the employment relationship may be terminated at any time by either party, for any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, and to comply with company and departmental regulations. I understand that if employed on a part-time or temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice.

Applicant Signature:

Date: