



Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.

I. PERSONAL INFORMATION

Last Name		First	Middle	Date
Street Address				Home Phone ()
City		State	Zip	Business Phone ()
Have you ever been involuntarily terminated or requested to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number - -
If you are under age 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		If required for the position, do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No		If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name:		Do you have friends or relatives working for our company? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Name and relationship:		
Emergency Contact Name:				Phone ()
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (convictions will not necessarily disqualify you for the position)		If "Yes" list offense, Date and Disposition of the Case		

II. EMPLOYMENT INTERESTS

Position Desired		Date Available	Salary Desired	Would you be willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Employment Desired Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part-Time <input type="checkbox"/>		Days and hours available for work		
How were you referred to our company? <input type="checkbox"/> Ad (where) _____ <input type="checkbox"/> Employee Referral (Name) _____ <input type="checkbox"/> Agency (Name) _____ <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Walk-in				

III. CORPORATE INFORMATION

Completed by Manager or Supervisor

Employee ID _____ Department Number _____

Status Full-time Part-time

Rate of Pay 1 \$ _____ per hour salary

Rate of Pay 2 \$ _____ after (90) days per hour salary

Date of Hire _____

Withholding State _____ State Unemployment Insurance State _____ Residence State _____

Job Title _____ Worker's Comp Class Code _____ Benefit Insurance Class Code _____

Job Category (select one)
 Superintendent Foreman Craft Worker (skilled) Craft Worker (unskilled) Laborer (unskilled) Office and Clerical

Supervisor, Manager, or
 Authorized Signature _____
 Signature Title Date

IV. EDUCATION INFORMATION

School Level	Name and Location of School	Course of Study	Circle last grade completed	Did you Graduate?	Degree or Diploma
High School			1 2 3 4	Y N	
College/University			1 2 3 4	Y N	
Post Graduate			1 2 3 4	Y N	
Business/Trade Technical			1 2 3 4	Y N	

V. SKILLS - If Applicable for Position for Which You Are Applying

PC Skills (Indicate software used)	Office Machines (Describe)	
List machines you operate:	List tools you can use:	
Describe mechanical background that may be related to the job desired:	Do you read blueprints? Y Yes N No	Do you read schematics? Y Yes N No
Do you have any certifications, experience, training or skills which you think make you especially suited for work at this company? (Explain)		

VI. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? Y Yes N No	
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? Y Yes N No	
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? Y Yes N No	
4	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? Y Yes N No	

VII. EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, you must complete the Job Category information. Although employees are invited to voluntarily self-identify their race and ethnicity, submission of this information is voluntary and refusal to provide it cannot and will not subject an employee to any adverse treatment. Because not all employees complete the requested information, you are being asked to do so by conducting a visual assessment of the employee's National Origin/Race.

A visual assessment of the employee's National Origin/Race has been made as the employee has not voluntarily provided this information.

Gender Female Male

National Origin (if you meet the definition of Hispanic or Latino, check the box below).

Hispanic or Latino (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race).

Race (check the appropriate box)

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|---|---|
| <p><input type="checkbox"/> White (Not of Hispanic or Latino origin. All persons having Origins in any of the original peoples of Europe, North Africa, Or the Middle East).</p> <p><input type="checkbox"/> Black or African American (Not of Hispanic or Latino origin. All persons having origins in any of the Black racial groups of Africa).</p> <p><input type="checkbox"/> Asian (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent).</p> | <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).</p> <p><input type="checkbox"/> American Indian or Alaskan Native (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment).</p> <p><input type="checkbox"/> Two or More Races (Not of Hispanic or Latino origin. All persons who identify with more than one of the five races listed).</p> |
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VIII. ACKNOWLEDGEMENT

Please read carefully, initial each paragraph, and sign below

Initial	I authorize MEDIC AIR SYSTEMS, INC. or its agents to investigate all statements contained in this application and/or resume. I further understand that a credit and background check may be made including, but not limited to, consumer credit history, criminal history, driving record, employment, military, education and general public records which will provide information concerning my character and general reputation. I hereby authorize my former employers, educational institutions or other reference providers to furnish all information pertaining to my work or educational record. I release my former employers, educational institutions, supervisors, and references from all liability on account of furnishing information and opinion to MEDIC AIR SYSTEMS, INC. or its agents.
Initial	In consideration of employment, I agree to obey the rules and standards of MEDIC AIR SYSTEMS, INC. I understand that nothing contained in this application or in the interview process is intended to create a contract between MEDIC AIR SYSTEMS, INC. and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or MEDIC AIR SYSTEMS, INC. This constitutes my entire agreement with MEDIC AIR SYSTEMS, INC. with regard to the length of my employment.
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination that may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to MEDIC AIR SYSTEMS, INC. or its agents, all medical information revealed during such examinations. I further authorize MEDIC AIR SYSTEMS, INC. to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability that will affect my ability to take the test, I will so inform MEDIC AIR SYSTEMS, INC. so that a reasonable accommodation can be made. MEDIC AIR SYSTEMS, INC. reserves the right to require medical documentation concerning the need for accommodation.
Initial	I understand that I am eligible for certain benefits under the group plans provided by MEDIC AIR SYSTEMS, INC. upon completing my (90) days waiting period. I further understand in order for my benefits to be effective, I must complete my assigned benefit waiting period and submit the required enrollment forms to MEDIC AIR SYSTEMS, INC. I understand that if I do not elect benefits at the time of my initial eligibility, I will not be permitted to enroll or make mid-year election changes unless a qualifying event occurs. I acknowledge that if I do not receive my benefits packet after my benefit waiting period, I am responsible for contacting Human Resources at MEDIC AIR SYSTEMS, INC. to obtain this information. I authorize deductions from my payroll for required employee contributions toward group benefits. I understand that in the event my employment terminates in the middle of the month, the medical, dental and/or vision plan I elected will continue until the end of the month and any Cafeteria Plan elected will terminate concurrently with my termination from employment. I further authorize MEDIC AIR SYSTEMS, INC. to deduct from my final paycheck, as authorized by state and federal law, the full employee contribution payments owed for the final month of the applicable group benefits.
Initial	I understand that SOI will be providing my Worker's Compensation Insurance benefits on behalf of MEDIC AIR SYSTEMS, INC.
Initial	I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.
Initial	I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.

Name _____ Address _____ City _____ FL _____ Zip Code _____ Telephone No. () _____ Applicants Signature: _____ Date: _____	Social Security Number (required) _____ - _____ - _____ Birth Date (required) _____ / _____ / _____ MM / DD / YYYY
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