

WA-MEDICAL & GOVT SERVICES, INC.
Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address					
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for					
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.? 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?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	

EDUCATION

High School	Address	From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College	Address	From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other	Address	From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES

Please list three professional references.

Full Name	Relationship	Company	Address
Full Name	Relationship	Company	Address
Full Name	Relationship	Company	Address

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____

Date _____

MILITARY SERVICE

Branch _____

Rank at Discharge _____

If other than honorable, explain _____

Type of Discharge _____

From _____ To _____

PREVIOUS EMPLOYMENT

Company _____

Address _____

Supervisor _____

Job Title _____

Starting Salary \$ _____

Ending Salary \$ _____

Responsibilities _____

From _____ To _____

Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____

Address _____

Supervisor _____

Job Title _____

Starting Salary \$ _____

Ending Salary \$ _____

Responsibilities _____

From _____ To _____

Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____

Address _____

Supervisor _____

Job Title _____

Starting Salary \$ _____

Ending Salary \$ _____

Responsibilities _____

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