JOB APPLICATION

Access Medical Centers 8323 NW 12th St, Doral, Florida 33126 786-800-9512

Access Medical Centers is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information					
Applicant Information Applicant Name:					
Address:					
City, State and Zip Code:					
Telephone Number:					
Email Address:					
Date of Application:					
Employment Position					
Position(s) applying for: General Employment (full time)					
How did you hear about this position?					
What days are you available for work?					
What hours or shift are you available for work? If needed, are you available to work overtime? On what date can you start working if you are hired?					
Do you have reliable transportation to and from work?					
Personal Information Do you have any friends, relatives, or acquaintances working for Access Medical If yes, state name & relationship:	Centers Yes	No			
Are you 18 years of age or older?	Yes	No			
Are you a U.S. citizen or approved to work in the United States?	Yes	No			
What document can you provide as proof of citizenship or legal status?					

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Will you consent to a mandatory controlled substance test? Do you have any condition which would require job accommodations?				
If yes, please describe accommodations required below.				
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No		
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:				
(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal of of the offense, the nature of the offense, including any significant details that affect the description and the surrounding circumstances and the relevance of the offense to the position(s) applied for me considered.)	on of the	e event,		
<u>Job Skills/Qualifications</u> Please list below the skills and qualifications you possess for the position for which you are applyin	g:			
(Note: Access Medical Centers complies with the ADA and considers reasonable accommodation me	easures	that		

(Note: Access Medical Centers complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Education and Training

High School			
Name	Location (City, State)	Year Graduated	Degree Earned
College/University			
Name	Location (City, State)	Year Graduated	Degree Earned
Vocational School/Specializ	ed Training		
Name	Location (City, State)	Year Graduated	Degree Earned
Military:			
Are you a member of the Ar	med Services?		
What branch of the military did	you enlist? What		
was your military rank when dis			
many years did you serve in the	military?		
What military skills do you posse	ess that would be		
an asset for this position?			
Previous Employment			
Employer Name: Job Title:	-		
Supervisor Name: Employer Address: City, State and Zi			
Address: City, State and Zi Code: Employer Telephone: D			
Employed:			
Reason for leaving:			
neason for leaving.			
Employer Name: Job Title:			
Supervisor Name: Employer			
Address: City, State and Zi			
Code: Employer Telephone: D	ates		
Employed:			
Reason for leaving:			
	-		
Employer Name: Job Title:			
Supervisor Name: Employer			
Address: City, State and Zi			
Code: Employer Telephone: D	ates		
Employed:	-		
Reason for leaving:			

<u>References</u>

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information
Additional Information:	
Are you attending school?	
If you are in school, what carrer are you persuing?	
AT-WILL EMPLOYMENT	
that your employment can be terminated at any time for by you or the Access Medical Centers. No representative agreement contrary to the foregoing "employment at w "at will," and that you acknowledge that no oral or	enters is referred to as "employment at will." This means any reason, with or without cause, with or without notice, of Access Medical Centers has authority to enter into any ill" relationship. You understand that your employment is written statements or representations regarding your except for a written statement signed by you and either our e Company's President.
Applicant Signature:	Dated: