

EMPLOYMENT APPLICATION

STECK MEDICAL GROUP

Positions are also listed at <http://www.steckmedical.com>

EQUAL OPPORTUNITY EMPLOYER: We are an equal opportunity employer and do not discriminate in any unlawful way against race, religion, color, sex, national origin, marital status, or qualified individual with a disability (except where a reasonable, bona fide occupational qualification exists). We reserve the right to revise or change job duties, responsibilities, and location as the need arises. Any employee is employed for an indefinite period of time. Employees are subject to termination at any time, for any reason, with or without cause and with or without notice. The employee has the right to terminate employment for any reason and at any time. If you require accommodation to complete the application, testing or interview, please request assistance prior to completing the application.

(PLEASE PRINT - ANSWER ALL QUESTIONS - DO NOT USE TERM: "REFER TO RESUME")

Date of Application: _____ Date available for work: _____ Hours: _____ / _____

Position(s) applied for: _____ (Job Description for all positions are available)

Employment desired: -Full Time -Part Time -Temp. Will you work weekends/overtime? _____

Referral: -Ad -Friend -Relative -In Person -Agency -Steck's Web Page -Other _____

Name: _____ Address: _____ How Long? _____

City: _____ State: _____ Zip: _____ Home Phone: () _____

Social Security No. _____ May we contact you at work? -Yes -No Best Time: _____

Previous Address: _____

Please list other names (with dates) you have used that affect employment/reference verification: _____

List any relatives working here: _____

Do you have a work permit if under 18 years of age? _____ Have you ever been bonded? -Yes -No

Have you ever been employed here before? -Yes -No If yes, when? _____ Position: _____

Are you legally eligible for employment in this country? _____
(Proof of legal right to work in the United States will be required upon employment.)

Have you been convicted of a felony or released from jail in the last seven (7) years? Explain on a separate sheet of paper. (Such a conviction may be relevant if job related, but may not bar you from employment.)

SKILLS: In which of the following do you believe yourself to be trained or experienced? Indicate by checking below the skills or tasks that you are able to perform, with or without accommodation. If accommodation is required, please identify what accommodations may be appropriate. (We comply with state and federal laws regarding employment of persons with disabilities.)

-Typing/Data Entry Elec. Speed _____ wpm Keyboard Speed _____ wpm

-Accounting -Bookkeeping -Data Entry -Filing -10-Key adding by touch

-Word Perfect -MS Word -LOTUS -MS Excel -Other -Computer Software _____

Licenses possessed, state of issue and expiration date: _____

List machines you can operate: _____

EDUCATION:

| | Name/city-state | Course of Study | Comp. Date | Degree |
|-----------------------|-----------------|-----------------|------------|--------|
| High School | | | | |
| College/Univ. | | | | |
| Bus. Trade School | | | | |
| Corresp./Night School | | | | |

EMPLOYMENT HISTORY: (Please list most recent first.)

Present or most recent employer _____ Phone _____
Work from _____ to _____ (give month, day, year) Hrs./week _____ Wages _____
Supervisor's name and title _____
Address _____
Position title and duties _____

Reason for leaving _____ May we contact for reference? -Yes -No

Employer _____ Phone _____
Work from _____ to _____ (give month, day, year) Hrs./week _____ Wages _____
Supervisor's name and title _____
Address _____
Position title and duties _____

Reason for leaving _____ May we contact for reference? -Yes -No

Employer _____ Phone _____
Work from _____ to _____ (give month, day, year) Hrs./week _____ Wages _____
Supervisor's name and title _____
Address _____
Position title and duties _____

Reason for leaving _____ May we contact for reference? -Yes -No

Employer _____ Phone _____
Work from _____ to _____ (give month, day, year) Hrs./week _____ Wages _____
Supervisor's name and title _____
Address _____
Position title and duties _____

Reason for leaving _____ May we contact for reference? -Yes -No
(Include explanation of any gaps in employment on a separate sheet of paper)

SKILLS AND QUALIFICATIONS: (Summarize specific skills and qualifications acquired from employment or other experience that may qualify you for work with our organization.) _____

REFERENCES: (Name, title, address, and phone number of two people you have known for 3 years, familiar with your performance.) _____

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application or separation for employment if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without prior notice. I understand that no representative of the organization has the authority to make any assurances to the contrary.

I give the employer the right to investigate all references, driving record, including a background investigation or a credit check, and to secure additional information about me, if job related. I understand that I may receive, upon written request, additional information on information sought. I hereby release from liability the employer and its representative for seeking such information, and all other persons, corporations or organizations for furnishing such information. This application is current for ninety (90) days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Applicant's Signature: _____ Date: ____/____/____

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List three reasons why you want to work for the Steck Medical Group

List the characteristics and abilities that you have which will be important to the Steck Medical Group