

Employment Application



4801 Kernsville Road, Suite 100, Orefield, PA 18069

610-820-9212 Fax 610-820-5620

www.medcom-pa.org

POSITION APPLYING FOR Communication Tech	DATE:
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PERSONAL

LAST NAME		FIRST	
MIDDLE			
ADDRESS		STREET	APT. NO.
CITY		STATE	ZIP CODE
HOME PHONE	E-MAIL	SS#	DRIVERS LICENSE NO.
OTHER PHONE NUMBER WHERE MESSAGE CAN BE LEFT		Do you have the legal right to work in the U.S.? Yes No	
PLEASE INDICATE ANY OTHER NAMES UNDER WHICH YOU HAVE BEEN EMPLOYED.			

POSITION

SHIFT PREFERRED			
Day	Evening	Night	Flexible
EMPLOYMENT DESIRED			Are you available to work weekends? Yes No
Full Time	Part Time	On-Call	
Have you ever worked for this organization before?			
Do you have any relative who is presently employed by this organization or its subsidiaries? Yes No If yes, name and relation to you:			

Have you ever been convicted of a Felony? If so, what, where and when?

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EMPLOYMENT HISTORY

List below **all** present and past employment; (include military service); begin with your most recent position.

1.	EMPLOYER			ADDRESS	
	CITY	STATE	ZIP	FROM	TO
	SUPERVISOR		PHONE	SALARY	
	PART TIME FULL TIME TITLE / DUTIES:				
	REASON FOR LEAVING				
2.	EMPLOYER			ADDRESS	
	CITY	STATE	ZIP	FROM	TO
	SUPERVISOR		PHONE	SALARY	
	PART TIME FULL TIME TITLE / DUTIES:				
	REASON FOR LEAVING				
3.	EMPLOYER			ADDRESS	
	CITY	STATE	ZIP	FROM	TO
	SUPERVISOR		PHONE	SALARY	
	PART TIME FULL TIME TITLE / DUTIES:				
	REASON FOR LEAVING				

May we contact the employers listed above? Yes No

If not, indicate by number(s) which one(s) you do not wish us to contact.

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EDUCATION

Name/City	From	To	Degree Received	GPA	Major/Minor Studies

SPECIALIZED TRAINING AND/OR EXPERIENCE

EXPERIENCE	OTHER
List previous areas of experience.	List any special qualifications not covered elsewhere in this application

Eastern PA MedCom IS AN EQUAL OPPORTUNITY EMPLOYER. Eastern PA MedCom ensures all job applicants are considered for employment without regard to race, color, religion, sex, gender, ethnic or national origin, ancestry, age, disability, marital status, sexual orientation, pregnancy, medical condition, veteran status, membership or non-membership in any church, society or other organization, or other basis prohibited by law. To protect the interests of all concerned, all job applicants must pass pre-placement screening before they are hired. The questions on this application form are intended to be non-discriminatory in nature, and job applicants are not required to submit and information which could be used for discriminatory purposes. We do not discriminate against qualified individuals with a disability or handicap who, with or without reasonable accommodation, can perform the essential functions of the particular job for which they are applying.

Read & Initial _____

I authorize the release of any information required to determine my qualifications from past and present employers, police departments, courts, driving records, etc. I hereby release them, their employees, and the organization from all liability for any damage whatsoever for providing or obtaining this information.

Read & Initial _____

EMPLOYMENT AGREEMENT: READ BEFORE SIGNING THE APPLICATION:

I understand that any false statement, answer, or omission made by me in this application or in support of my application may subject me to termination of my employment at any time during my employment, and that the organization shall not be liable if my employment is terminated because of false statements, answers, or omissions in this application of made by me in support of this application.

Read & Initial _____

I consent to Pre-Employment, follow-up, and annual physical examinations, and any physical examinations subsequently requested by the organization. I Consent to the use by the organization of all information

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thereby obtained. I understand should the results of the physical or other subsequent physical examinations prove unsatisfactory as related to my job requirements, I waive all right to employment in said position.

I also Consent to taking a Substance Abuse Test on a Pre-Employment basis, after an offer of employment has been made and any other Substance Abuse Tests required by the Company Policy. I understand that any offer of employment is contingent upon my taking and successfully passing both a Background Check and a Substance Abuse Test.

Read & Initial _____

I understand that working hours and assignments may be changed at any time, as necessitated by staffing and workload requirements.

Read & Initial _____

I understand in the event I am employed by the organization that such employment is not contractual or promised for any specific length of time, and that such employment is terminable, at will, at any time. I understand this agreement may only be changed in writing and signed by the Chief Executive Officer of the organization.

Read & Initial _____

Signature _____ Date _____

- If, due to a physical or mental impairment or characteristic, you require accommodation during the application process, please request assistance. Reasonable accommodation will be provided.
- All portions of this application must be completed in order to be considered for a position. Screening is done based on information provided. Please print clearly.
- All offers of employment are contingent upon certain pre-placement requirements.