



# Mountain State Medical Specialties Inc.

## Application for Employment



Please fill out form completely for employment consideration. Print and fax or mail when completed.

*Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.*

### Personal Information

Last Name	First	Middle	Date
Street Address	City	State	Zip
Home Phone			Cell Phone
			Email Address
What was your previous address?			Length of Residence at Address?
Are you over 18 years of age? ___Yes ___ No If not, employment is subject to age verification of minimum legal age.			
How did you learn of our organization?		Who referred you for employment?	
Driver's License #	State	Any Violations? ___ Yes ___ No	
Have you ever applied for employment with us? ___ Yes ___ No    If Yes: Month and Year _____ Location _____			
Are you employed currently?		If so, may we inquire your present employer?	
Have you been convicted of a crime in the last ten years which has not been annulled, expunged, or sealed by the court? ___ Yes ___ No If Yes, please describe in full.			
Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? ___ Yes ___ No If Yes, please explain.			
Position Applying For:		Location(s):	

## Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or Diploma
College					
High					
Trade School					
Other					

**Employment History** Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1.	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name of Supervisor	Hourly Rate Start                      End
	Job Title and Description of duties	Reason for leaving
2.	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name of Supervisor	Hourly Rate Start                      End
	Job Title and Description of duties	Reason for leaving
3.	Company Name	Telephone
	Address	Employed (Month and Year) From                      To
	Name of Supervisor	Hourly Rate Start                      End
	Job Title and Description of duties	Reason for leaving

**We may contact the employers listed above unless you indicate those you do not want us to contact.**

<b>Do not contact</b>
Employer Number(s) _____
Reason- _____

**References** Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Phone Number	Business	Years Acquainted
1.				
2.				
3.				

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained, you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Please complete and mail, fax or email this form to:

Mountain State Medical Specialties, Inc.  
Attention: Human Resource Dept.  
120 Medical Park Drive  
Suite 200  
Bridgeport, WV 26330

Email: [employment@msmswv.com](mailto:employment@msmswv.com)

Fax# 304-848-6161