



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Position Applied For:				Application Date	
Last Name		First Name	Middle Initial	Date of Birth - <u>Fill upon employment</u>	
Address		City	State	Zip Code	Personal Email Address
Telephone Number(s) <i>specify area code</i> where you can be reached			Social Security Number - <u>Fill upon employment</u>		

If you are not a U.S. citizen, do you have the legal right to accept full time employment? YES NO
 If No, are you in the process of obtaining the appropriate Visa or Work Permit? YES NO
 Have you ever been employed with MBT before? YES NO
 If yes, when? _____ In what position? _____
 Are you available to work: REGULAR Full Time Part Time TEMPORARY Full Time Part Time
 Have you been convicted of a crime within the past seven years? YES NO
 Note: A conviction record will not necessarily disqualify you from employment.

EDUCATION AND TRAINING – you may attach a resume with complete information

	High School	College	Graduate/ Professional	Other
School Name				
School Address, City, State				
Years Completed				
Diploma/Degree				

Other information regarding your education you feel may help us in considering you application.

REFERENCES

Please list those familiar with your work history or educational background, other than relatives.

Name	Address, City, State, Zip	Phone <i>specify area code</i>
1.		
2.		
3.		

Email Address: _____

EMPLOYMENT EXPERIENCE

Start with your current or last job. Include any military and volunteer activities you wish to have considered as qualifications for the position you are seeking.

Employer	Dates Employed From To		Duties/Responsibility
Address, City, State			
Phone <i>specify area code</i>	Salary Start Final		
Job Title Supervisor			
Reason For Leaving			

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Medicine Bow Technologies is an Equal Opportunity Employer

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION.

I certify that I have answered truthfully and have not knowingly withheld, misrepresented, or omitted any information relative to this form, my resume, or other attached materials. I understand that to do so would result in my being eliminated from any further consideration. I further understand that, if accepted for employment, any misrepresentation or material omission may result in the immediate termination of my employment.

I understand that, if employed, I will be required to provide acceptable proof of my identity and legal authorization to work in the United States within three working days of my date of hire. I also understand that, if offered, my employment is subject to favorable criminal background and pre-employment drug screening checks.

I authorize Medicine Bow Technologies (MBT) to contact any of my prior employers and references for information about my work performance and I hereby release MBT and the prior employers from any and all liability and from any damage that may result from the release of such information.

In consideration of my employment, I agree to conform to the instructions, policies, and rules of MBT. My employment and compensation can be terminated by either the company or myself at any time, for any reason or for no reason. I understand that I have no employment contract with MBT and that my employment with the company is at will. I also understand that no representative of the company has any authority to enter into any agreement for employment for any specified period.

_____	_____
Date	Signature of Applicant

Email Address: _____