



We are an equal opportunity employer, dedicated to non-discrimination in employment on the basis of race, color, age, religion, sex, national origin, handicap, disability, or marital status.

# EMPLOYMENT APPLICATION

Please fill out application completely. Do not reference resume'

Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Are you 18 years or older?  Yes  No

Present Address \_\_\_\_\_  
Street City State Zip Code

Permanent Address \_\_\_\_\_  
Street City State Zip Code

Phone #: (\_\_\_\_\_) \_\_\_\_\_ Referred by: \_\_\_\_\_

If related to anyone who works for the company, provide name, department and location: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_  
Name Address Telephone #

## EMPLOYMENT DESIRED

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your current employer?  Yes  No

Have you ever applied to this company before?  Yes  No If so, where \_\_\_\_\_ When? \_\_\_\_\_

Are there any days/shifts you will not work?  Yes  No If yes, please explain: \_\_\_\_\_

## EDUCATION:

	Name and location of school (city/state)	Degree/Certificate	Grade Average	Subjects studied
High School				
College				
Trade, Business or Correspondence School				
Other (Including Graduate School)				

**BACKGROUND:**

Have you ever been convicted of; or pled guilty, no contest, or *nolo* contendere to a crime?  Yes  No

If yes, give details (date, place, offense(s), disposition, etc.): \_\_\_\_\_  
\_\_\_\_\_

Have you ever been charged for a crime and either been placed on a court-ordered probation; had adjudication withheld, or entered a pre-trial intervention program?  Yes  No

If yes, give details (date, place, offense(s), disposition, etc.): \_\_\_\_\_

Have you ever filed a workers compensation claim? \_\_\_\_\_

**PREVIOUS EMPLOYMENT:** List below sequentially, all of your employers in the last ten (10) years beginning with your current or most recent employer (use additional pages if necessary).

Date: Month & Year	Name, Address & Tel #	Position & Job Duties	Salary	Reason for leaving
From _____ To: _____				
From _____ To: _____				
From _____ To: _____				
From _____ To: _____				
From _____ To: _____				

Did you work for any of these employers under a different name?  Yes  No

If yes, which employer(s) and under what name(s)? \_\_\_\_\_

Please explain any gaps in your employment history: \_\_\_\_\_

Have you received any written reprimands or disciplinary suspension during any previous employment?

Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or asked to resign?  Yes  No If so, please explain (include by whom, when and for what reason. \_\_\_\_\_  
\_\_\_\_\_

**DRIVING RECORD:**

Do you have a valid driver's license?  Yes  No

What class of license do you possess? \_\_\_\_\_ Driver's License # \_\_\_\_\_

Have you ever had your license or driving privileges revoked, suspended, or placed on probation?  Yes  No

If yes, please explain (include when, where and what action was taken): \_\_\_\_\_

How many speeding or other moving violations have you received in the last three (3) years? \_\_\_\_\_

List below all traffic violations (except parking) on your record for the last five (5) years and all motor vehicle accidents in which you were involved (use additional pages if necessary)

Date	Location	Description	Results

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

Name	Address	Business	Years Known



## EMPLOYMENT APPLICATION CERTIFICATION

I hereby certify that all of the facts and information listed on this employment application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed, may result in my dismissal.

I hereby authorize the Advantus or an independent contractor on behalf of Advantus to investigate all statements contained in this application; to interview the references and previous employers listed on this application; to conduct a criminal background check and/or to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorize the references and previous employers to give the Company all facts, opinions and evaluations concerning my previous employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing such information to the Company, including but not limited to, any liability for defamation or invasion of privacy.

If I am offered employment, I understand that such an offer will be conditional upon satisfactory results of the background investigation and/or Company medical examination or inquiry, including a drug screen test. If then employed, I understand that I will be required to serve a ninety (90) day probationary period. I also understand that my employment and compensation can be terminated "at will" with or without cause or notice, at any time, regardless of the successful completion of my probationary period, at the option of either the company or myself. I understand that no supervisor or other representative of the Company other than the President of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand and voluntarily agree as a condition of initial employment or my continued employment, that I may be requested by the Company to submit to a urinalysis or other drug screen test and that my failure to take such test(s) when requested to do so, or the receipt of unsatisfactory test results, will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

*I certify that I have read, understand and agree with the above*

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Signature of Applicant

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Date

# DISCLOSURE AND AUTHORIZATION FORM

## TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

*Please Read Carefully Before Signing the Authorization*

### DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, Advantus Corp (the Company) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as Medical Express Corp and its contracted suppliers.

Medical Express Corp can be contacted by mail at 4237 Salisbury Road, Suite 304 Jacksonville, Florida 32216; or phone: 1-8800-835-7738; or website [www.MedicalExpressCorp.com](http://www.MedicalExpressCorp.com).

For explanation purposes:

- a consumer report is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an investigative consumer report is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (FCRA).

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

# AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize Advantus Corp to obtain and rely upon consumer reports or investigative consumer reports concerning me. By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of the Company.

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Applicant Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Legal Guardian Signature

\_\_\_\_\_

Date

(for searches conducted on minors under the age of 18)