

**T.H.E. MEDICAL SYSTEMS, INC.**  
3518 South Dixie Highway Dalton, Georgia 30720

**APPLICATION FOR EMPLOYMENT**  
AN EQUAL OPPORTUNITY EMPLOYER

**PERSONAL**

ANSWER EACH QUESTION ACCURATELY – PLEASE PRINT

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(Last) (First) (Middle)

SOCIAL  
SEC. NO. \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code) (Since Date) (Telephone)

**TWO MOST RECENT ADDRESSES**

\_\_\_\_\_  
(No. & Street) (City or Town) (State) (Zip Code) (Dates)

\_\_\_\_\_  
(No. & Street) (City or Town) (State) (Zip Code) (Dates)

ARE YOU A U.S. CITIZEN OR OTHERWISE AUTHORIZED TO WORK IN THE U.S. ON AN UNRESTRICTED BASIS? YES  NO

ARE YOU AT LEAST 18 YEARS OF AGE? YES  NO

NOTIFY IN EMERGENCY \_\_\_\_\_  
NAME ADDRESS TELEPHONE

HAVE YOU EVER BEEN CONVICTED BY A COURT OF A FELONY? YES  NO  (Conviction will not necessarily disqualify an applicant for employment.) If yes, list county and state and describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

I AM APPLYING FOR THE FOLLOWING POSITION: \_\_\_\_\_

I AM SEEKING THE FOLLOWING WORK: TEMPORARY  PART TIME  FULL TIME

WAGE/SALARY DESIRED \_\_\_\_\_ DATE AVAILABLE FOR WORK \_\_\_\_\_

PLEASE LIST ANY SPECIAL EDUCATION, SKILLS, EXPERIENCE OR EQUIPMENT OPERATING ABILITIES THAT YOU HAVE WHICH MIGHT BE USEFUL IN THE POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE YOU EVER EMPLOYED BY THIS COMPANY OR ANY OF ITS SUBSIDIARIES OR AFFILIATES? IF YES, WHERE AND WHEN? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

NAME AND ADDRESS OF SCHOOL	GRADUATED		MAJOR STUDY
	YES	NO	
HIGH SCHOOL			
BUSINESS			
COLLEGE OR UNIVERSITY			
OTHER			
OTHER			

### EMPLOYMENT HISTORY

LIST ALL EMPLOYMENT INCLUDING MILITARY SERVICE AND SELF-EMPLOYMENT (Account for any periods of unemployment)

EMPLOYER (Present or Most Recent)	TYPE OF BUSINESS	TELEPHONE NUMBER
ADDRESS (Street, City, State, Zip)		
Starting Date (Month/Year)	Starting Salary \$ _____ Per	Starting Position
Leaving Date (Month/Year)	Salary on Leaving \$ _____ Per	Position on Leaving
Name and Title of Supervisor		
Job Description and Responsibilities		
Reason for Leaving		

If presently employed, may we contact your employer for references?	YES <input type="checkbox"/>	May we contact you at your place of employment?	YES <input type="checkbox"/>	If yes, please enter employer's: Area Code Telephone Number Extension (     )
	NO <input type="checkbox"/>		NO <input type="checkbox"/>	

EMPLOYER	TYPE OF BUSINESS	TELEPHONE NUMBER
ADDRESS (Street, City, State, Zip)		
Starting Date (Month/Year)	Starting Salary \$ _____ Per	Starting Position
Leaving Date (Month/Year)	Salary on Leaving \$ _____ Per	Position on Leaving
Name and Title of Supervisor		
Job Description and Responsibilities		
Reason for Leaving		

**EMPLOYMENT HISTORY**

(Continued)

EMPLOYER	TYPE OF BUSINESS	TELEPHONE NUMBER
ADDRESS (Street, City, State, Zip)		
Starting Date (Month/Year)	Starting Salary \$ Per	Starting Position
Leaving Date (Month/Year)	Salary on Leaving \$ Per	Position on Leaving
Name and Title of Supervisor		
Job Description and Responsibilities		
Reason for Leaving		
EMPLOYER	TYPE OF BUSINESS	TELEPHONE NUMBER
ADDRESS (Street, City, State, Zip)		
Starting Date (Month/Year)	Starting Salary \$ Per	Starting Position
Leaving Date (Month/Year)	Salary on Leaving \$ Per	Position on Leaving
Name and Title of Supervisor		
Job Description and Responsibilities		
Reason for Leaving		
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ADDRESS (Street, City, State, Zip)		
Starting Date (Month/Year)	Starting Salary \$ Per	Starting Position
Leaving Date (Month/Year)	Salary on Leaving \$ Per	Position on Leaving
Name and Title of Supervisor		
Job Description and Responsibilities		
Reason for Leaving		

**REFERENCES**

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY AND STATE \_\_\_\_\_ PHONE \_\_\_\_\_

**PRE-EMPLOYMENT STATEMENT**

I hereby authorize **T.H.E. Medical Systems, Inc.** and/or its representatives to gather background information regarding the following: Information from previous employers, whether contained in written records or not; all public/private records, including criminal, civil, driving, credit and education; and any other pertinent information relating to the successful function of the job for which I am considered. Finally, I hereby release **T.H.E. Medical Systems, Inc.**, its authorized agents, former employers and other references, and I knowingly understand and agree that there is no invasion of personal privacy. I understand that my background verification will be conducted in order to ensure the business standards and practices of **T.H.E. Medical Systems, Inc.** and will be held strictly confidential. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested.

I hereby acknowledge that any offer of employment that is made by **T.H.E. Medical Systems, Inc.** may be contingent upon my successful completion of a physical examination that conforms to the requirements and specifications of the Americans with Disabilities Act and/or the successful completion of a drug test that conforms to state and federal laws.

I also understand that any employment offer is contingent upon my providing, within three (3) days of employment, valid proof of identity and eligibility to work in compliance with the Immigration Reform and Control Act of 1986.

I acknowledge that if I am employed, such employment is not for a definite period of time, and that **T.H.E. Medical Systems, Inc.** can change wages, benefits, hours of employment and conditions at any time without notice. I understand that either I or **T.H.E. Medical Systems, Inc.** can terminate the employment relationship at any time, with or without prior notice, for any reason not prohibited by law. In the event that I leave **T.H.E. Medical Systems, Inc.**, I will promptly pay any balance owed for merchandise, equipment or uniforms issued to me and damaged or not returned, or other indebtedness to **T.H.E. Medical Systems, Inc.** Finally, I authorize **T.H.E. Medical Systems, Inc.** to apply any money due me for wages, salary and commissions toward liquidation of this indebtedness, except where prohibited by law.

**BY SIGNING THIS APPLICATION FOR EMPLOYMENT I CERTIFY THAT I HAVE READ AND UNDERSTAND ALL PARTS OF IT AND CERTIFY THAT I HAVE FULLY AND COMPLETELY ANSWERED ALL QUESTIONS. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OR OMISSION OF A MATERIAL FACT IN THE APPLICATION MAY BE JUSTIFICATION FOR REFUSAL OF, OR IF EMPLOYED, TERMINATION OF EMPLOYMENT REGARDLESS OF WHEN SUCH FALSIFICATION IS DISCOVERED.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date