

Employment Application

PERSONAL DATA

Name _____
 First Middle Last

Street _____

City/State/Zip _____

Email address _____

Home Phone # _____ Cell # _____

Referred by: _____

We conduct criminal background checks on candidates prior to hiring. Have you ever been convicted of a crime? Yes No

If so, explain _____

Have you previously applied at MedCost, MedCost Benefit Services, NC Baptist Hospital or Carolina Health Care Systems: Yes No If yes, when _____

Have you ever worked for MedCost, MedCost Benefit Services, NC Baptist Hospital or Carolina Health Care Systems: Yes No If yes, when _____

List names and relationships of **relatives** working for MedCost, MedCost Benefit Services, NC Baptist Hospital or Carolina Health Care Systems: _____

EMPLOYMENT DATA

Date available to work _____ I would like to work full-time ; part-time ; temporary .

Are you available to work overtime? Yes No Pay rate desired \$ _____

What position or type of work are you applying for? _____



WORK EXPERIENCE

List the last three positions you have held beginning with the most recent. Accuracy of dates and addresses is essential.

Present or last employer and address _____

Title/description of work and special skills _____

Reason for leaving _____

May we contact your employer? Yes No Telephone # () _____

Supervisor's name and title _____

Dates worked from _____ to _____ Starting Salary \$ _____ Final Salary \$ _____

Previous employer and address _____

Title/description of work and special skills _____

Reason for leaving _____

May we contact your employer? Yes No Telephone # () _____

Supervisor's name and title _____

Dates worked from _____ to _____ Starting Salary \$ _____ Final Salary \$ _____

Previous employer and address _____

Title/description of work and special skills _____

Reason for leaving _____

May we contact your employer? Yes No Telephone # () _____

Supervisor's name and title _____

Dates worked from _____ to _____ Starting Salary \$ _____ Final Salary \$ _____

EDUCATIONAL DATAHighest
Grade
CompletedDid you
Graduate?**School**

High School Name _____
 City & State _____
 Field of Study or Degree _____

College Name _____
 City & State _____
 Field of Study or Degree _____

Business Or Trade Name _____
 City & State _____
 Field of Study or Degree _____

Other Name _____
 City & State _____
 Field of Study or Degree _____

U.S. Military Service:

Service Dates: from _____ to _____

Duties performed: _____

APPLICANT'S CERTIFICATION AND AGREEMENT

The information that I have provided on this application is complete and accurate to the best of my knowledge and subject to validation by MedCost, LLC and its affiliates. I understand that any misleading or incorrect statements or omissions may result in my not being employed or if I am employed, may be cause for immediate dismissal at any time during my employment.

I authorize all persons, schools, employers and other organizations to provide MedCost with any relevant information that may be required to arrive at an employment decision. I hereby release these individuals, employers and NC Baptist Hospital and Carolina Health Care Systems from availability for any damage incurred in furnishing such information.

In processing the employment application, I understand that MedCost may request investigative Credit Bureau report, which may include information as to my character and general reputation. Per the Federal Fair Credit Reporting Act, I have the right to make a written request to the credit agency of its disclosure. I may also request, in writing, the company's use of this report.

Employment with MedCost, LLC is contingent upon the successful completion of a drug-screening test to be administered after an offer of employment is made. Successful completion of the test means that the person tested negative for illegal drugs or substance abuse.

In consideration of my eventual employment with MedCost I agree to conform to the rules and regulations of the company. I understand that my employment, compensation and benefits can be terminated, with or without cause, and with or without notice, at any time, at the option of the company; likewise, I am free to resign at anytime.

Signature _____ Date _____

Skills or Training

Typing _____ wpm

Data Entry _____ kph

10-Key _____ kph

Computer Software:

WORD _____ advanced _____ intermediate _____ beginner

EXCEL _____ advanced _____ intermediate _____ beginner

PowerPoint _____ advanced _____ intermediate _____ beginner

PageMaker _____ advanced _____ intermediate _____ beginner

Computer Training Courses Completed:

Customer Service Training Sources:

Comments: _____
