



General / Administrative / Clinical Application

PERSONAL INFORMATION

Date:

Last Name		First	M.I.	Locations You will Consider (Check) <input type="checkbox"/> Chesapeake <input type="checkbox"/> Virginia Beach <input type="checkbox"/> Hampton <input type="checkbox"/> Portsmouth <input type="checkbox"/> Williamsburg <input type="checkbox"/> Newport News <input type="checkbox"/> Suffolk <input type="checkbox"/> Norfolk <input type="checkbox"/> Richmond <input type="checkbox"/> South Side <input type="checkbox"/> West End <input type="checkbox"/> Downtown <input type="checkbox"/> East End <input type="checkbox"/> Petersburg <input type="checkbox"/> North Side <input type="checkbox"/> Hopewell	
Address					
City		State	Zip		
E-Mail Address					
Home Phone #		Social Security #			
Work Phone #		Answering Machine? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact you @ Work? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your employer know you are looking? <input type="checkbox"/> Yes <input type="checkbox"/> No		Salary Range Perm (annual)	
Alternate Phone #				Temporary (hourly) Current Salary	
Emergency Contact's Name		Relationship		Phone #	
How did you hear about Medicus?					

EDUCATION

DEGREE & MAJOR

#YEARS

GPA

YEAR GRAD

High School Name	DEGREE & MAJOR	#YEARS	GPA	YEAR GRAD
College/Tech Name				
College/Tech Name				
Nurse/ Cert. Name				
MD School Name				

LICENSES & CERTIFICATIONS – Please list any that may be relevant to job related functions.

Type	State	License #	Expiration	Copy Attached?
Have any of your professional licenses or certifications ever been suspended, revoked or investigated? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, please provide detailed explanation of outcome:				

EMPLOYMENT PREFERENCES

Title(s)	Benefits	Rank in order of importance:
Function	Size of company	Advancement
Practice Areas	Companies you would like to work for:	Benefits
Commute time/relocation preferences		Challenge
		Compensation
		Location
		Security
		Technology
What is your least acceptable salary, (do not call if for positions paying less than this amount)?		
On a scale of 1-3, 3 being the most urgent, how ready are you to find a new job?		

DESCRIBE THE ENVIRONMENT THAT MOST APPEALS TO YOU:

<p>TEMPO</p> <input type="checkbox"/> Fast Paced/Dynamic/Unpredictable <input type="checkbox"/> Medium/Stable <input type="checkbox"/> Laid Back/Calm/Predictable <p>OTHER</p> <input type="checkbox"/>	<p>OUTLOOK</p> <input type="checkbox"/> Rapid Growth Oriented <input type="checkbox"/> Stable/Steady Growth <input type="checkbox"/> Stable, Not Growing <input type="checkbox"/> Turnaround	<p>CULTURE</p> <input type="checkbox"/> Loose, Smaller, Entrepreneur, Networks <input type="checkbox"/> Structured Fortune 500, Hierarchical <input type="checkbox"/> Sports/Team Orientated <input type="checkbox"/> Academic/Individual
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SELF EVALUATION

STRENGTHS	AREAS OF NEEDED IMPROVEMENT
1.	1.
2.	2.
3.	3.

MOST SIGNIFICANT AREAS OF SKILL & EXPERTISE

1.	5.
2.	6.
3.	7.
4.	8.

SUMMARIZE WHAT YOU BELIEVE IS YOUR PRIMARY AREA OF EXPERTISE:

REFERENCES Please list two (2) former employers or supervisors.

Name & Title	Name & Title
Company & Phone	Company & Phone
Address	Address
City State Zip	City State Zip
Relationship	Relationship

Are you bondable? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted or pled no contest to a crime other than minor traffic violations? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, when and how was it resolved?
Have you ever been involuntarily terminated or offered an opportunity to resign in lieu of termination? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:
Have you ever received any written reprimand or disciplinary action during prior employment? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:

SO AS NOT TO WASTE TIME IN DUPLICATING EFFORTS, PLEASE LIST THE COMPANIES OR PRACTICES YOU HAVE CONTACTED:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

APPLICANT’S STATEMENT, AUTHORIZATION, AND RELEASE

I certify that the information provided in this Application for Employment is correct and complete. I authorize the investigation of this information and give permission for Medicus to contact schools, previous employers, personal references and others to verify the data I have supplied. I release and indemnify Medicus from any claims or liability resulting from such inquiry. In addition, I release the schools, my previous employers, and other individuals from all liability as a result of responding to such inquiries. I agree that references are confidential and I waive any right to examine them. I also authorize release of relevant information to Medicus clients by Medicus as the need arises to further the pursuit of employment. I will notify Medicus prior to using any vehicle on client/company business. I further agree to provide Medicus with a copy of my DMV record and insurance declarations page, if requested.

I understand that my misrepresentation, omission of fact(s), or incomplete information may disqualify me for employment with Medicus or representation to their clients. In addition, if I am employed by Medicus, any discovery of misrepresentation or omission of facts on this Application for Employment following my employment may result in discipline up to and including termination.

Subject to applicable state laws, Medicus reserves the right to conduct drug screening and testing for reasonable suspicion at any time during employment and as a pre-employment requirement. Any violation of this policy shall result in an applicant not being hired or an adverse employment action up to and including immediate termination. Medicus has the right to change this policy at any time and as it requires.

I hereby authorize Medicus to represent me as an available candidate for possible employment by third party firms. This includes but is not limited to presenting my resume and negotiating salaries with potential employers. It is further agreed and understood that there are no guarantees for success and that I am not under any obligations to accept any positions offered by Medicus.

I understand that employment with Medicus is for no guaranteed period of time and may be terminated by myself, and/or Medicus with or without notice. I acknowledge that any promise, policies, business practices, procedures, or documents (including the Company's Employee Handbook) do not constitute an employment contract or modification of the at-will employment relationship between Medicus and myself.

I understand that if accepted for temporary or temporary-to-hire employment, I will be working on Medicus payroll at the client/company premises. If on a temporary-to-hire position, I understand that I will be on Medicus payroll for 1000 hours unless converted early. I will notify Medicus when my assignment ends.

I agree to notify a Medicus representative of all communication regarding present or future employment between myself and a Medicus client for whom I have worked as a Medicus employee both during the assignment and for a period of 12 months subsequent to he completion of said assignment.

Medicus is an equal employment opportunity employer. It is the policy of the Company and Medicus to make employment decisions without regard to race, color, religion, sex, age, national origin disability, sexual orientation, or marital status.

Applicants who are accepted for employment with the Medicus should understand that while every effort is made to provide continuous work, there are no employment contracts and the permanency of any position is not guaranteed.

Signature: _____

Date: _____

Print Name: _____