



Main Office:
930 S. Harbor City Blvd.
Melbourne, FL 32901
(321) 725-5050

Osler Medical offers equal employment opportunities to all applicants and employees regardless of gender, sexual orientation, race, age, color, religious creed, national origin, ancestry, marital status or disability.

PERSONAL DATA

Date: _____

Last Name First Name Middle Initial

Present Street Address City State Zip

() - Telephone Number

- - Social Security Number

Other Names Under Which You Have Worked: _____

Are you a US Citizen or authorized to work in the US on an unrestricted basis (circle)? Yes No

Are you at least 18 years of age or older (circle)? Yes No

After employment, can you submit:

Proof of your legal right to work in the US (circle)? Yes No

A birth certificate or other proof of age (circle)? Yes No

Were you previously employed by Osler Medical (circle)? Yes No

If yes, please give the date(s) you were employed and location:

Date(s) Location

Are you related to anyone employed by Osler Medical (circle)? Yes No

If yes, please give the name(s) of the person, relationship and the office where employed:

Name(s) Relationship Location

Position(s) applying for: _____ Salary Requirement: _____

Date you can begin work: _____

Hours available to work: Full time _____ Part time _____ Evenings _____ Any _____

How were you referred? _____

EMPLOYMENT HISTORY (Starting with most recent employer)

Employer's Name and Address: _____

From: _____ To: _____ Supervisor's Name & Phone Number: _____

Position & Responsibilities: _____

Salary: _____ Reason for Leaving: _____

Employer's Name and Address: _____

From: _____ To: _____ Supervisor's Name & Phone Number: _____

Position & Responsibilities: _____

Salary: _____ Reason for Leaving: _____

Employer's Name and Address: _____

From: _____ To: _____ Supervisor's Name & Phone Number: _____

Position & Responsibilities: _____

Salary: _____ Reason for Leaving: _____

Employer's Name and Address: _____

From: _____ To: _____ Supervisor's Name & Phone Number: _____

Position & Responsibilities: _____

Salary: _____ Reason for Leaving: _____

EDUCATION AND TRAINING

	Name & Location	Graduated		Diploma/Degree	Major
High School	_____	Y	N	_____	_____
College	_____	Y	N	_____	_____
Other	_____	Y	N	_____	_____

List any additional special education, training or skills: _____



PRE-EMPLOYMENT DRUG TESTING POLICY

All job applicants at this company will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to a urinalysis test at a laboratory chosen by the company, and by signing a consent agreement, will release the company from liability. (Any applicant with positive test results will be denied employment at that time.)

The company will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that the company will not tolerate.



PRE-EMPLOYMENT AGREEMENT

PLEASE READ CAREFULLY

I freely and voluntarily agree to submit to a urinalysis (drug screen) as part of my application for employment. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with the company, I may again be required to submit to a urinalysis screen. I understand that refusal to take a requested urinalysis screen or failure to meet the minimum standards set for the screen may result in immediate suspension or discharge.

In the event that employment commences prior to the employer receiving the drug test results, I understand that I will be immediately discharged if the result comes back positive.

I have read in full and understand the above statements and conditions of employment.

Applicant's Signature

Date

Driver License Information:

State: _____ DL # _____