



500 NW 165th Street, Suite 102
Miami, FL 33169
Phone: (305) 945-2280 ext. 2248
Fax: (305) 428-5387

Application for Employment

We are an equal opportunity employer and do not discriminate in our employment practices. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of INTERMEDIX Staffing, Inc.

Applicant name: _____ Date: _____

Position(s) applied for or type of work desired: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone #: _____

Type of employment desired: Full-time Part-time Temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? Yes No

Do you have any objection to working overtime if necessary? Yes No

Can you travel if required by this position? Yes No

Have you been previously employed by INTERMEDIX Staffing, Inc.? Yes No

Can you submit proof of legal employment authorization and identity? Yes No

If you are under 18, can you furnish a work permit if it is required? Yes No

Have you been convicted of a crime in the last 7 years? Yes No

If yes, please explain. (A conviction will not automatically bar employment): _____

Driver's License Number (if driving is an essential job duty): _____

How were you referred to INTERMEDIX Staffing, Inc.? _____

Employment History

Please provide all employment information for your past four employers, starting with the most recent.

Employer: _____	Position held: _____
Address: _____	Telephone #: _____
Immediate Supervisor and Title: _____	
Dates employed: From _____ To _____	Salary: _____
Job summary: _____	
Reason for leaving: _____	

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Immediate Supervisor and Title: _____	
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Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications: _____

Educational History

List school name and location, years completed, course of study, and any degrees earned: _____

References

List 3 reference names, telephone numbers, and number of years known (do not include relatives or employers):

I hereby authorize INTERMEDIX Staffing, Inc. to contact all previous employers, educational institutions and references in order to verify the accuracy of information contained in this application. I also release INTERMEDIX Staffing, Inc. and its representatives from liability for seeking, gathering and using such information to make employment decisions, and I release all other persons or organizations from liability for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment, and that this application does not constitute an agreement or contract for employment. Accordingly, either I or INTERMEDIX Staffing, Inc. can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable state or federal law.

I understand that it is the policy of INTERMEDIX Staffing, Inc. not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the Americans with Disabilities Act (ADA).

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of my first day of employment. Failure to submit such proof within the required time shall result in the immediate termination of my employment.

I also understand and agree that a drug and alcohol screening test may be required of me. I hereby give my voluntary consent for a blood and/or urine sample to be collected from me and submitted for testing. I also consent to the release of the test results to INTERMEDIX Staffing, Inc. for its use. I understand that any positive drug or alcohol result may preclude my employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature _____

Date: _____