



EMPLOYMENT APPLICATION

Maxim Healthcare Services, Inc. and its affiliated companies and/or subsidiaries (hereinafter known as The Company) is an Equal Opportunity Employer.

PLEASE PRINT: Date: _____ For what position are you applying? _____

Name: _____ Social Security #: _____

Address: _____
Street No. City State Zip Country

Day Telephone #: _____ Evening/Cellular #: _____ Work #: _____

Email _____

Are you 18 years of age or older? Yes No

Date available: _____

Please indicate your shift availability: Day Evening Night Weekend Holidays Any All

Desired Rate of Pay: _____ Per _____

Will you accept employment that will include travel? Yes No

Have you ever applied to/previously worked for The Company or any other division of The Company? Yes No

If yes, when? _____

Do you have any relatives/ friends currently working for The Company or any other division of The Company? Yes No

If yes, state the individual's name & relationship to you: _____

Have you ever been discharged from any employment/position or asked to resign? Yes No

If yes, please explain: _____

Can you provide documentation of your identity & eligibility to work in the United States? Yes No

Can you perform the essential functions of the position for which you are applying? Yes No

Do you have a valid driver's license*? (For driving related positions only*) Yes No

Have you ever been convicted of a crime, other than a traffic violation**? Yes No

If yes, please explain: _____

(**Note: An applicant will not be denied employment based solely on the grounds of a conviction for a criminal offense. The type of offense, the date and the relevance of the criminal conviction to the position applied for may be considered in the employment decision)



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EDUCATION

	Name & Location of School	Major	Did you Graduate?	Graduation Date	Type of Degree Earned
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Undergraduate College or University			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Graduate or Professional School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade, Vocational or Other Training			<input type="checkbox"/> Yes <input type="checkbox"/> No		

PROFESSIONAL LICENSE & CERTIFICATION INFORMATION

CURRENT PROFESSIONAL DISCIPLINE:		SPECIALTY:	
STATE OF LICENSURE:	LICENSE #:	EXP. DATE:	

Has the license listed above been subject to any disciplinary action, suspension or revocation? Yes* No

*If yes, please explain, in detail, the reason for the disciplinary action, suspension or revocation:

YOU MUST LIST ALL LICENSES/CERTIFICATIONS HELD IN ALL STATES – CURRENT AND EXPIRED:

PROFESSIONAL LICENSE / CERT	CERTIFICATION #		ACTIVE	EXP. DATE	Has this license OR certification ever been subject to disciplinary action, suspension or revocation?
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes* <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes* <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes* <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes* <input type="checkbox"/> No

* If “Yes”, please explain in detail the reason for the disciplinary action, suspension or revocation below:

Please list your membership in any professional organizations which are directly related to your field of specialty:

EMPLOYMENT HISTORY

PLEASE FULLY COMPLETE ALL SECTIONS

I understand consideration for employment with **The Company** will be contingent upon the results of reference and criminal background checks. I authorize **The Company** to investigate all information I provide on this application for employment, including previous employment, experience and educational credentials. I also give **The Company** permission to contact my former employer(s), all listed references or any other person who can verify the information I provide on this application. I hereby authorize and direct my current and former employers and other contacted persons to respond to any questions pertaining to the information included on this application.

SIGNATURE
DATE

**PLEASE LIST ALL PRIOR EMPLOYMENT DURING THE PAST 10 YEARS.
BEGIN WITH THE CURRENT OR MOST RECENT EMPLOYER AND INCLUDE ANY MILITARY SERVICE**

If you’re a new graduate without professional experience, please list your most recent clinical affiliation.

[Please complete all sections even if attaching a resume](#)

May we contact your present employer: Yes No

Employer:	Position Held:	From: Month/Year	To: Month/Year
Street Address / Dept.	Reason for Leaving:	Starting Wage:	Ending Wage:
City/State/Zip Code/Country	Was this a travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	A research/teaching facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Job Duties & Specialty:		
	Did you have management responsibilities:		
Telephone No:	Fax No.:	Supervisor’s Name:	Supervisor’s Title:

Employer 2:		Position Held:	From: Month/Year	To: Month/Year
Street Address		Reason for Leaving:	Starting Wage:	Ending Wage:
City/State/Zip Code/Country		Was this a travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	A research/teaching facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Job Duties & Specialty:		
Telephone No.:	Fax No.:	Supervisor's Name:	Supervisor's Title:	

Employer 3:		Position Held:	From: Month/Year	To: Month/Yr
Street Address		Reason for Leaving:	Starting Wage:	Ending Wage:
City/State/Zip Code/Country		Was this a travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	A research/teaching facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Job Duties & Specialty:		
Telephone No.:	Fax No.:	Supervisor's Name:	Supervisor's Title:	

Employer 4:		Position Held:	From: Month/Year	To: Month/Yr
Street Address		Reason for Leaving:	Starting Wage:	Ending Wage:
City/State/Zip Code/Country		Was this a travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No	A research/teaching facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Job Duties & Specialty:		
Telephone No.:	Fax No.:	Supervisor's Name:	Supervisor's Title:	

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Employer 5:		Position Held:		From: Month/Year	To: Month/Yr
Street Address		Reason for Leaving:		Starting Wage:	Ending Wage:
		Was this a travel assignment? <input type="checkbox"/> Yes <input type="checkbox"/> No		A research/teaching facility? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City/State/Zip Code/Country		Job Duties & Specialty:			
Telephone No.	Fax No.:	Supervisor's Name:		Supervisor's Title:	

PLEASE READ EACH PARAGRAPH BELOW. IF YOU DO NOT UNDERSTAND ANY PART OF THE INFORMATION INCLUDED IN EACH PARAGRAPH, PLEASE ASK THE INTERVIEWER BEFORE SIGNING.

All employees, contractors and lessees are required to adhere to The Company Drug & Alcohol Policy. The information provided below is intended to be a brief summary of this policy and is not inclusive. All persons selected for employment with The Company will receive a complete copy of the Drug & Alcohol policy. Our complete policy is also available for review upon request in our Human Resources Department.

I understand that The Company maintains a Drug & Alcohol-free workplace and may require a drug & alcohol screening test as a condition of employment for specific job classifications. If I do not complete the pre-employment drug & alcohol testing within 24 hours of being offered a position for which pre-employment drug & alcohol testing is required or if I test positive, refuse to test or submit an adulterated specimen, I understand I will not be considered for employment.

I further understand that if I am employed by The Company, I may be required to submit to random drug testing if I am employed in a safety sensitive position. If I sustain a work related injury, I may be required to submit to post-accident drug testing if the circumstances surrounding the cause of such accident indicate that I was at fault or if it is unclear if I was at fault. The Company may also conduct reasonable suspicion drug & alcohol testing during the course of my employment. Testing positive, refusing to test within the designated time period or submitting an adulterated specimen for any random, reasonable suspicion or post-accident drug & alcohol screening during my employment will be considered a voluntary resignation of such employment.

I understand that The Company abides by an employment-at-will policy, which means either the company or the employee may terminate the employment relationship at anytime, for any reason or for no reason, with or without notice. Nothing contained in this employment application, any employee handbook or conveyed to me during an interview is intended to create an employment contract, implicit or implied. I also understand and agree that any future changes in my title, duties, compensation, working conditions, or company benefits, policies and/or procedures will not alter this at-will agreement. This at will agreement can only be changed or modified in writing by the President of The Company.

If I am applying for a position for which driving a vehicle is a mandatory job duty, I am required to possess a current and valid driver's license and I agree to provide The Company with a certified copy of my driving record. I also understand that any offer of employment is contingent upon my overall driving record, and my ability to be covered by the company's vehicle insurance policy.

I certify that I completed this application for employment by myself and that all of the information provided herein is true. I understand that any omission, misstatement or inclusion of false information on this application or any documents used to secure employment with The Company shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that this application is considered current for three months. If I wish to be considered for employment after this 3-month period, I must complete and submit a new employment application.

My signature below certifies that I have read and fully understand the information included on this application and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

UNDER THE EMPLOYEE POLYGRAPH ACT OF 1988, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT THAT AN INDIVIDUAL, UNLESS SPECIFICALLY EXEMPTED FROM THIS ACT, SUBMIT TO TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE.

Applicant's Signature

Date

The Company is an Equal Opportunity Employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, gender identity, national origin, age, disability, veteran status or any other status protected under local, state or federal law.



Voluntary Self-Disclosure Form: Please read all information before completing this form.

Print Name:

Date:

Maxim Healthcare Services, Inc. and its affiliated companies and/or subsidiaries (hereinafter known as The Company) is an Equal Opportunity Employer, and is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require Maxim to invite employees/applicants to voluntarily self-identify their race/ethnicity, gender and Veteran status. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

Note: Submission of this information is **voluntary**, that information will be kept confidential, and that refusal to provide information will not subject you to any adverse treatment or be used when considering you for employment with our company.

We invite you to answer the following questions.

Invitation to Self-Identify

Race/Ethnicity

Please mark the **one box** that describes the race/ethnicity category with which you primarily identify:

- Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of ethnicity.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the black ethnic groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** A Person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino):** A person having origins in any of the peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Gender

- Male
- Female

Veteran Status

Please check all that describe your veteran status:

- SPECIAL DISABLED VETERAN:** Means **(A)** a veteran who is entitled to compensation (or who, but for receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or **(B)** a person who was discharged or released from active duty because of a service-connected disability.

- VIETNAM-ERA VETERAN:** A Vietnam -Era veteran is a person who **(1)** served on active duty for a period of more than 180 days, any part of which occurred between **August 5, 1964** and **May 7, 1975**, and was discharged or released with other than a dishonorable discharge; **(2)** was discharged or released from active duty for a service connected disability if any part of such active duty was performed between **August 5, 1964** and **May 7, 1975**; or **(3)** served on active duty for more than 180 days and served in the Republic of Vietnam between **February 28, 1961** and **May 7, 1975**.

- OTHER PROTECTED VETERAN:** A veteran in one of the following groups: **(A)** veterans who served in a “war”; **(B)** veterans whose service in a campaign or expedition for which a campaign badge has been authorized or an expeditionary medal has been awarded. This includes a number of military engagements.

- RECENTLY SEPERATED VETERAN:** Any veteran who began employment at Insitu within one year of being discharged or released from active duty in the U.S. military, ground, naval or air service.

Latest military discharge date: