

Total Medical Management, LLC (TMM) Application for Employment

TMM is an equal opportunity employer. Equal access to programs, services, and employment is available to all persons regardless of race, color, sex, age, religion, national origin, disability, military status or other status protected by law. Those applicants requiring accommodation to the application and/or interview process should contact the Human Resources office.

PLEASE PRINT

Position(s) Applied for: _____ Date of Application: ____/____/____

Name: _____ SS#: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone: (____) _____

Are you over the age of 18? Yes No If no, state your age: _____

Have you been employed by TMM before? If so, when and in what capacity?

Are you legally eligible for employment in this country? Yes No

(Proof of citizenship or immigration status will be required upon employment.)

Date available for work: ____/____/____ Salary Desired: _____

Type of Employment Desired: Full-Time Part-Time Temporary

If part-time, specify days and hours: _____

Are you able to meet the attendance requirements of this position? Yes No

Are you willing to work overtime if necessary? Yes No

Are you able to perform job duties in a safe manner? Yes No If no, please

explain: _____

Have you been convicted of a felony in the last seven (7) years? Yes No

(Such conviction may be relevant, but does not necessarily bar you from employment.) If yes, please explain:

Skills and Qualifications

Summarize any training, skills, licenses, certificates, and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position, which you are applying:

EMPLOYMENT HISTORY: List last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

| | | | |
|----------------------|----|---|-----------|
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate Supervisor | | Summarize the nature of work and job responsibilities | |
| Title | | | |
| Reason for Leaving | | Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____ | |
| From | To | Employer | Telephone |
| Job Title | | Address | |
| Immediate Supervisor | | Summarize the nature of work and job responsibilities | |
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| Immediate Supervisor | | Summarize the nature of work and job responsibilities | |
| Title | | | |
| Reason for Leaving | | Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____ | |

EDUCATIONAL BACKGROUND (if job related)

| Name and Location | Years Completed | Did You Graduate? | | Course of Study |
|-------------------|-----------------|-------------------|--------|-----------------|
| High School | | | | |
| College | | Major | Degree | |
| Other | | | | |

REFERENCES (must include three)

| Name | Telephone | Years Known |
|------|----------------------|-------------|
| | Area Code () | |
| | Area Code () | |
| | Area Code () | |

I understand that any misrepresentation by me on this application or during the interview process will be sufficient cause for rejection of this application and/or separation from employment if I have been employed.

I give TMM the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability TMM and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

I understand that any offer of employment is conditional on my ability to establish my identity and eligibility for employment in the United States.

I understand that as a condition of employment I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand that I may be required to submit to an alcohol and drug screen at any time at the discretion of TMM. I hereby consent to have the results of the tests disclosed to TMM.

I understand that the possession, use and/or working under the influence of alcohol or drugs is absolutely forbidden and that violation of this policy may result in refusal of or separation from employment.

TMM is an Equal Opportunity Employer. TMM does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

If I am hired, I understand that just as I am free to resign at any time, TMM reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of TMM has the authority to make any assurances to the contrary.

I agree, consent and understand that if employed by the Company, I will familiarize myself with and abide by all rules and requirements for employment with the Company.

I understand that it is TMM's company policy not to refuse to hire a qualified individual with a disability because of the person's need for accommodation that would be required by the ADA.

I understand that my failure to execute this consent form will result in my not being considered further for employment.

Signature of Applicant: _____

Date: ____/____/____