



Medical Machining Technologies

8022 Martha St.
Millington, Tn.38053
www.medtech-llc.com
(901) 873-0475 Main (901) 873-0478 Fax

EMPLOYMENT APPLICATION

Medical Machining Technologies is an Equal Opportunity Employer. Race, color, religion, age, sex, disability, marital or veteran status, place of national origin and other categories protected by law are not factors in employment, promotion, compensation or working conditions.

Please Print

Date: _____

Applicant Information

Name: _____

Address: _____

City/State: _____ Zip Code: _____

Telephone: (____) _____ Message #: (____) _____

Have you ever applied to, or worked for us before? ____ If yes, when? _____

List all other first or last names under which you have been employed: _____

Do you have any friends or relatives working for Med TECH LLC? _____

If yes, state name and relationship: _____

How did you hear about us/this opening? _____

State briefly why you would like to work with Med TECH LLC:

Have you ever been convicted of a crime (excluding expunged convictions)? _____

(NOTE: Criminal convictions may not result in a denial of employment. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

If yes, explain: _____

General Information About Employment Desired

Position you are applying for? _____ Full-time or part-time? _____
 If part-time, hours per week desired: _____ Are you available for work on weekends? _____
 Are you available to work holidays? _____ Days of week you are available to work: _____
 Hours you are available to work: _____ Are you available to be on-call? _____
 Are you available to work nights? _____ Are you available to work overtime? _____
 If hired, on what date could you start work? _____
 Hourly rate of pay or monthly salary desired: _____

Education and Training (include on-the-job training):

	School/Location/ Sponsor	Course of Study	Degrees Attained	Dates Attended
High School				
Community College				
Trade School				
College/University				
Seminars/Others				

Special Skills

Do you have any experience, training, qualifications or skills which you feel make you especially suited for work at Med TECH LLC? _____

Job Related Licenses & Certifications (list states): _____

Computer Skills	Dates Used	Level of Proficiency
Hardware:		
Software:		

Use the space below to summarize other relevant experience, skills and background:

PROFESSIONAL REFERENCES – PLEASE INCLUDE NAME, ADDRESS AND TELEPHONE NUMBER

1. _____
2. _____

Employment History:

List all previous employers starting with your present or most recent position below.

Name of Company: _____
Name of Supervisor: _____
Address: _____

Street City State Zip Code
Telephone Number: () _____ Dates of Employment: _____
Position and Duties: _____

Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____

Street City State Zip Code
Telephone Number: () _____ Dates of Employment: _____
Position and Duties: _____

Starting Rate of Pay: _____ Ending Rate of Pay: _____
Reason for Leaving: _____

Name of Company: _____
Name of Supervisor: _____
Address: _____

Street City State Zip Code
Telephone Number: () _____ Dates of Employment: _____

Position and Duties:	_____	_____
	_____	_____
Starting Rate of Pay:	_____	Ending Rate of Pay: _____
Reason for Leaving:	_____	_____

(PLEASE REQUEST ANOTHER EMPLOYMENT HISTORY SHEET IF YOU HAVE HAD MORE THAN THREE EMPLOYERS.)

Please Read and Initial Each Paragraph Below (if there is any part of this page you do not understand, please ask about it before signing).

_____ I hereby authorize Med TECH LLC to thoroughly investigate my references, work records, education and other matters related to my suitability for employment and, further, authorize my current and former employers to disclose to the company any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Med TECH LLC, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between Med TECH LLC and me. In addition, I understand and agree that if I am employed, my employment relationship with Med TECH LLC is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Med TECH LLC, and that no promises or representations contrary to the foregoing are binding on Med TECH LLC unless made in writing and signed jointly by the CEO and myself.

_____ I understand and agree that any future changes in my title, duties, compensation, working conditions at Med TECH LLC, and/or benefits, policies and procedures will not alter our at-will agreements.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in the United States on or before my first day of employment.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission, falsification, or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature

Date

To be completed by Management

Department _____ Position Title _____ Start date _____

Rate of pay _____ Full time? ___ Part time?_

Management Signature _____ Date _____

FORWARD TO Teresa Hatchel immediately.