

WEST COAST-SOUTHERN MEDICAL SERVICE, INC.
934 14th Street West, Bradenton, Florida 34205

APPLICATION FOR EMPLOYMENT

West Coast-Southern Medical Service ("West Coast") is an Equal Opportunity/Affirmative Action Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a medical condition or disability.

1. Social Security # _____ 2. Application Date: ____/____/____
3. Last Name _____ First Name _____ MI _____
4. Address _____
City _____ State _____ Zip Code _____
5. Home Phone: () _____ 6. Other Phone: () _____
7. Driver's License # _____ DL State: _____
8. Email Address: _____
9. Do you have a Class E Driver's License? () Yes () No
10. Do you have EVOC? () Yes () No

11. Position Applied For: _____
12. Full-Time _____ Part-Time _____ If part-time, hours avail. _____
Salary Expected _____ Date Available _____
13. Are you available to work whatever schedule is necessary to help us meet our Corporate objectives and our obligations to our patients? () Yes () No
If no, what shifts or days are you available? _____

14. Are you presently employed? _____ If yes, may we contact your present employer? _____
15. Can you get to work each day on time? _____
16. Have you ever been employed by West Coast in the past? _____
If yes, when? _____
Position: _____ Reason for leaving: _____
17. Referral Source: () Newspaper () Job Service () Other _____
18. Names and relationships of relatives or acquaintances employed at West Coast _____

19. Have you ever been convicted, pled guilty, pled "no contest" (or nolo contendere), or had a court withhold adjudication for any crime, felony or misdemeanor (do not include minor traffic infractions)
() Yes () No
If yes, give details concerning the type of crime, the date of the conviction or plea, the penalty imposed, and any other circumstances you deem relevant to a full understanding of what occurred. (A conviction will not necessarily disqualify you from employment.)

20. Have you ever been sued in a civil action with regard to the death of or personal injury or intentional damage to any person? () Yes () No
If yes, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action (e.g., settlement, jury verdict, or other disposition), and any other circumstances you deem relevant to a full understanding of what occurred.

21. Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
() Yes () No

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THE FOLLOWING INFORMATION WILL BE USED ONLY TO THE EXTENT THAT IS RELEVANT TO THE QUALIFICATIONS AND POSITION FOR WHICH YOU APPLY.

22. Are you currently engaged in using illegal drugs? () Yes () No
If yes, to what extent? _____
23. Circle the highest grade completed:
8 9 10 11 12
24. Do you have a high school diploma or GED? () Yes () No
25. Did you graduate from College? () Yes () No
If yes, name of college _____ Degree _____

26. List all employment, including military, for the past seven (7) years beginning with your present job or last job held. If you need additional space, continue on a plain sheet of paper and attach it to the application.

From _____ Employer _____ Supervisor _____
To _____ Address _____
Telephone _____ Salary _____ per _____
Position/Job Duties _____
Reason for leaving _____

From _____ Employer _____ Supervisor _____
To _____ Address _____
Telephone _____ Salary _____ per _____
Position/Job Duties _____
Reason for leaving _____

From _____ Employer _____ Supervisor _____
To _____ Address _____
Telephone _____ Salary _____ per _____
Position/Job Duties _____
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27.	Have you been dismissed, or asked to resign from employment? _____ Date _____ Employer _____ Reason _____
28.	Have you ever been granted a military or government security clearance? () Yes () No If yes, level of clearance _____
29.	Do you have any special job skills or qualifications that may be relevant to the position for which you are applying? If so, please describe _____ _____

30.	Names of five persons who are not related to you and who are not former employers:		
	Name and Occupation	Address	Phone Number

UNDERSTANDINGS AND AGREEMENTS

I understand that any misrepresentation, falsification or omission of this application shall be sufficient reason for refusal or dismissal of my employment. I hereby authorize investigation of all matters contained in this application and agree that if the results of such investigation are not satisfactory, any offer of employment made by West Coast may be withdrawn, or my employment with West Coast may be terminated immediately. I agree to conform and adhere to the rules and regulations of West Coast. Further, I understand and agree that this application and any other materials I may receive are not intended to be, nor shall be construed to be a contract of employment, and that my employment and compensation may terminate, with or without cause, and with or without notice, at any time, at the option of either West Coast or myself.

In consideration of any offer of employment by West Coast, I hereby acknowledge, understand and agree that the following will constitute terms and conditions of any such employment:

Any losses or expenses incurred by West Coast, it's clientele, or other third parties as a result of my unauthorized actions shall be immediately reimbursed to West Coast on terms that are satisfactory and acceptable to West Coast. To the extent permitted by law, I agree and hereby authorize West Coast to reduce my wages for any sums owing by me hereunder.

Signature of Applicant _____ Date _____