



Medical Education & Research Institute

Employment Application

As an Equal Opportunity Employer, MERI prohibits discrimination on employment on the basis of race, color, religion, national origin, gender, disability or age (persons over 40 years old).

Personal Information				
Last Name	First Name	MI	Preferred Name	Social Security Number
Address				Home Phone
City	State	Zip Code	Email	Alt Phone

Position Information		
Position Title	Seeking Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> On Call <input type="checkbox"/>	
Position Title	Available to work on Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/>	
Desired Salary	Availability Date	Travel Limitations: No Limits <input type="checkbox"/> Limited Travel <input type="checkbox"/> Cannot Travel <input type="checkbox"/>

Referral Source
How did you learn about MERI?

Employment History					
List ALL positions held within the past ten years, beginning with the current (most recent) position first.					
Name of Company/Organization			Type of Company		City/State
Start Date		End Date		Job Title	Reason for Leaving
Month	Year	Month	Year		
Your Name when Employed			Supervisor's Name		Supervisor's Phone Number

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Education							
Indicate any educational, vocational, military, or any other training you have received which will assist us in assessing your qualifications for the position that you are applying for.							
School		Location			Did You Graduate		Degree/Program Cert.
High School					Yes <input type="checkbox"/> No <input type="checkbox"/>		
College/University					Yes <input type="checkbox"/> No <input type="checkbox"/>		
College/University					Yes <input type="checkbox"/> No <input type="checkbox"/>		
School	Location	Start Date		End Date			
Graduate School		Mo.	Yr.	Mo.	Yr.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Vocation/Technical School		Mo.	Yr.	Mo.	Yr.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Military Training		Mo.	Yr.	Mo.	Yr.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Professional Credential/Affiliation				
Certification/Licensure	Accrediting Organization	Expiration Date		Professional Organization Membership

Employment Application

Certificate of Application	
Respond to ALL questions below to certify this application.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you are presently employed, may we contact your employer?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously been employed by MERI? If so, when and what was your name at the time of employment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the United States?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have a pending charge, or have you ever been convicted of a felony or misdemeanor (other than motor traffic violations)? If yes, list offense, date and location (If multiple offenses, list all):
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you held jobs in the past ten years other than those listed on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been terminated from a job or resigned from a job as an alternative to termination?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been disciplined or warned by an employer for poor job performance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you presently under an employment contract? If so, when does it expire?
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that this application will be active for 90 days. After 90 days, if I am not selected for a position, I may reapply. I understand that duplicate applications during this period of time will not be considered. I further understand that MERI does not respond to application status inquiries until I have been selected for a position or the position is filled by another candidate.
<p>By signing below, I certify that the information I have provided on this application is true and correct to the best of my knowledge, and I understand that any misrepresentation or willful omission of facts shall be cause for rejection of this application for termination.</p> <p>I hereby authorize MERI to conduct work history, education, personal reference or police record inquiries to determine my acceptability for employment.</p> <p>I understand, and agree, that as condition of employment, I will be required to submit to an employment physical examination and a drug screen, and other physical examinations consistent with law during my employment at MERI. I may, at the discretion of MERI be required to submit to a drug screen upon request during my employment. I further agree to observe all rules, regulations, and policies of the company.</p> <p>If I am employed by MERI, I agree to conform to the rules and regulations of the organization and understand that my employment can me terminated with or without cause and with or without notice, at any time, at the option of MERI. I further understand that no MERI supervisor, manager, or other company representative other than the Executive Director has any authority to enter into an agreement of employment for any specified period of time or to make any agreement varying to the above and that any such agreement must be in writing and signed by the Executive Director.</p>	
Please sign if you certify that all information on this application is TRUE and COMPLETE .	
Applicant Signature	Date