

2	
Company Name	Telephone ()
Address	Dates of Employment From To
Name of Supervisor	Weekly pay Start Last
State Job Title and Describe Your Work	Reason for Leaving May we contact?

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C					
School	School Name & Location	Course of Study	No. of Years Complete	Did You Graduate?	Degree or Diploma
Graduate				___ Y/N	
College				___ Y/N	
Trade/ Technical				___ Y/N	
High School				___ Y/N	
High School Equivalency					
Membership in Professional Organizations					

The information provided in this Application for Employment is true, correct and complete. I understand that if hired, any misstatement or omission of fact on this application may result in my immediate dismissal. I am aware that successful hiring will be contingent upon medical clearance for the work tasks I am hired for. I am also aware that Medican has a Drug and Alcohol Policy, and that it is in effect for all Medican employees in safety sensitive work areas. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future.

Signature _____ Date _____

PLEASE SUBMIT IMMEDIATELY UPON HIRING		
Date Hired:	Supervisor:	Position:
Salary: Inquire to	Site Name/ Location:	Contact Info:

Please fax a completed copy of this form to (403) 526-3843