

EMPLOYMENT APPLICATION**INDEPENDENT CONTRACTOR INFORMATION**Click applicable box Date: _____

Position applying for: _____

NAME: _____
(Last) (First) (middle)ADDRESS: _____
(Street&/apartment number)

(City) (State) (Zip code)PREVIOUS ADDRESS (If lived at above address for less than 2 years) _____
(Street&/apartment number)

(City) (State) (Zip code)

SOCIAL SECURITY # _____ DRIVERS LICENSE # _____

HOME PHONE NO: _____ D.O.B. _____

EMAIL ADDRESS: _____ CELL NO: _____

Emergency Contact(s) Name: _____ Telephone: _____
_____**EMPLOYMENT HISTORY (Must be 5 years or a complete history if you have worked less than 5 years)**

Company	Supervisor Name	Contact Info.	Months & Years at Job / Position & Salary	Duties	Reason for leaving

Certificate/License #s: _____

EDUCATION

	NAME & STATE OF SCHOOL	GRADUATED / EXPECTED DATE?
School Level		
College/Technical		

Please include the following information when you turn in your application:

- 1) Current Georgia Drivers ID
- 2) Social Security Card
- 3) Background Check
- 4) Professional Licenses issued in the State of Georgia
- 5) Resume
- 6) TB Screen Test
- 7) Valid First Aid / CPR Certification
- 8) MVR (motor vehicle report)3 years

I certify that this information is true to the best of my knowledge and intentionally misleading PathMedic,LLC Services will result in termination of employment

Sign: _____ Date: _____

For employer only:

Date of interview: _____

Comments: _____

Effective date of hire: _____

Compensation: _____