

# Superior Scrubs

Your Source for Medical Uniforms

47 Highland Pavilion Court, Suite 103, Hiram, GA 30141 Phone: 770-222-5009 Fax: 770-222-5010

www.SuperiorScrubs.com

Tyler@superiorscrubs.com

Please provide complete and legible information. An incomplete application may affect your consideration for employment. An acceptance of this application is not an indication that a job opening exists. In the processing of this application, we may perform routine inquiries that will provide information concerning your personal history and past work experience. Proof of age, military service and education may be required upon hiring.

## General Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Present Address (Street, City, and Zip Code) \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Date \_\_\_\_\_

Have you ever applied with us before?  Yes  No If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Are you eligible/ authorized to work in the untied states?  Yes  No Are you age 18 or older?  Yes  No

## Position Information

Type of Work Desired \_\_\_\_\_ Salary Expected \_\_\_\_\_

Store Location \_\_\_\_\_

Applying For:  Full Time  Part Time  Available Opening

Please Specify Days and Hours For Work (inability to work certain days/ hours will not necessarily disqualify you from employment)

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Any available hours

Would You relocate?  Yes  No

## Education Information

School	# Of Years Completed	Name & Address Of School	Did You Grad?	Course Of Study/ Major
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Background Information

Within the past 7 years, have you been convicted (including pleading guilty or no contest) of a felony (this does not include expunged convictions)? (Answering yes to this question does not necessarily mean you will be denied employment.)  Yes  No

If yes, please explain: \_\_\_\_\_

During the past 5 years, have you had any periods of unemployment?  Yes  No

During the past 5 years, have you ever been discharged, suspended or asked to resign for any reason from any position?  Yes  No

If yes, please explain: \_\_\_\_\_

For the purpose of verifying information on this application, have you ever worked or attended school under a different Name at any of the organizations you have listed?  Yes  No If yes, Specify name: \_\_\_\_\_

## Employment Record

List all employment experience for the past 5 years, starting with the most recent or present employer. If necessary attach a separate piece of paper with additional employment information.

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Employer \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # ( ) \_\_\_\_ - \_\_\_\_ Your Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
From: \_\_\_\_ MO. \_\_\_\_ YR. To: \_\_\_\_ MO. \_\_\_\_ YR. Hours Worked Per Week \_\_\_\_ Ending Salary \_\_\_\_  
Reason for leaving \_\_\_\_\_

Principle Responsibilities- Be Complete & Specific \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # ( ) \_\_\_\_ - \_\_\_\_ Your Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
From: \_\_\_\_ MO. \_\_\_\_ YR. To: \_\_\_\_ MO. \_\_\_\_ YR. Hours Worked Per Week \_\_\_\_ Ending Salary \_\_\_\_  
Reason for leaving \_\_\_\_\_

Principle Responsibilities- Be Complete & Specific \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # ( ) \_\_\_\_ - \_\_\_\_ Your Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_ Ending Salary \_\_\_\_\_  
MO. YR. MO. YR.  
Reason for leaving \_\_\_\_\_

Principle Responsibilities- Be Complete & Specific \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Employer \_\_\_\_\_ Nature of Business \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # ( ) \_\_\_\_ - \_\_\_\_ Your Title \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Hours Worked Per Week \_\_\_\_\_ Ending Salary \_\_\_\_\_  
MO. YR. MO. YR.  
Reason for leaving \_\_\_\_\_

Principle Responsibilities- Be Complete & Specific \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please Read Carefully Before Signing*

I hereby certify that the information given by me is true and complete in all respects. I authorize Superior Scrubs and their representatives to contact my previous employers and all others for the purpose of verification of the information I have supplied. I release Superior Scrubs and all those providing such information from any liability resulting from the information released. I authorize employers, schools, and other persons named on this application to provide any information or transcripts requested. I understand that misrepresentation or omission of facts may result in refusal to hire or in termination of employment. Employment with Superior Scrubs is also contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

I further understand that if I am hired, my employment and compensation can be terminated with or without cause or notice at any time at my option or the option of Superior Scrubs. This application is not a contract of employment between Superior Scrubs and I. No words or actions of Superior Scrubs, including employment offers or terms and conditions of employment are intended to establish an implied or expressed employment contract.

**My signature is evidence that I have read and agree to the above statements.**

**Applicants Signature** \_\_\_\_\_ **Date** \_\_\_\_\_