

## Medical Management Services Incorporated

### Employment Application

Applications are accepted and employees are chosen for employment without regard to race, color, religion, sex, age, national origin, marital, citizenship or veteran status, or disability. Please complete all questions, leaving nothing blank. Type or print neatly. Attach resume or extra sheet if desired. This application will be on file for 6 months. You may submit a new application if you wish to apply after that time. Please contact Human Resources (757-686-3500) if you need an accommodation to complete this application.

#### Applicant Information

Name (Please Print)	FIRST	MIDDLE	MAIDEN	Have you ever applied or submitted a resume to MMSI <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Month/Year: _____ / _____
LAST				

**Present Street Address:**

City	State	Zip Code	Country
------	-------	----------	---------

**Mailing Address:**

City	State	Zip Code	Country
------	-------	----------	---------

Home Telephone Number	Work Telephone Number	Phone number for messages	Social Security Number
-----------------------	-----------------------	---------------------------	------------------------

If hired, can you furnish proof that you are 18 years of age or older if requested? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you provide proof that you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for Medical Management Services Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No or any of the affiliates as listed below?	Have you ever been employed by MMSI or any of its affiliates under a different name: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes please provide name:
Have you ever worked for NowCare Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for Med-Systems Associates <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a relative working for MMSI or affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for Bayview Physician Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give name and department:
If yes, please provide dates & department:	

How were you referred? (Please be specific)

Have you ever been convicted in a court of law to an offense other than a minor traffic violation?  Yes  No  
If yes please explain in detail (use attached paper if needed).

#### POSITION(S) APPLIED FOR:

First Choice:	Second Choice:
---------------	----------------

Application date:	Desired start date:	Salary expectation : (hourly or annually)
-------------------	---------------------	--

#### AVAILABILITY (Check Desired)

**Status:**  Any  Full Time  Part Time  Temporary

**Work Days:**  Any  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**Desired Shift:**  Any  Day  Evening  Night  8 hour day  12 hour day  Other: