



ETS Wound Care, LLC

4030 Hypoint North
Rolla, Missouri 65401
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careers@etswoundcare.com

Application for Employment

PLEASE PRINT

Position Applied For _____ Date ____/____/____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (____) _____ Social Security Number ____-____-_____

Are you legally eligible for employment in this country?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
(Proof of U.S. citizenship or immigration status will be required upon employment)				

Date available for work ____/____/____

Type of employment desired	<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time	<input type="checkbox"/>	Temporary	<input type="checkbox"/>
Are you able to meet the attendance requirements of the position?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Have you been convicted of a felony in the past seven (7) years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
(Such conviction may be relevant if job related, but does not bar you from employment)							

If yes, please explain _____

Employment History

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From	To	Employer	Telephone
Job Title	Address		
Supervisor's Name and Title	Summarize the nature of work performed and job responsibilities		
Reason for leaving	Hourly Rate/Salary Start \$ per Final \$ per		
From	To	Employer	Telephone
Job Title	Address		
Supervisor's Name and Title	Summarize the nature of work performed and job responsibilities		
Reason for leaving	Hourly Rate/Salary Start \$ per Final \$ per		
From	To	Employer	Telephone
Job Title	Address		
Supervisor's Name and Title	Summarize the nature of work performed and job responsibilities		
Reason for leaving	Hourly Rate/Salary Start \$ per Final \$ per		

Skills and Qualifications

Summarize special skills and qualifications from employment or other experiences that may qualify you for work with MO-SCI Corporation.

Educational Background

Name and Location	Years Completed	Did You Graduate?	Course of Study	
High School				
College			Major	Degree
Business/Trade School				

References

Give the names of three (3) persons not related to you, whom you have known at least one (1) year.

Name	Telephone	Years Acquainted

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATIONS MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING. I ALSO GIVE MO-SCI CORPORATION OR THEIR REPRESENTATIVES AUTHORITY TO VERIFY ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION AND/OR FROM A FURNISHED RESUME."

_____/_____/_____
Date

Signature