

EMPLOYMENT

Position applied for _____ Date you can start _____ Salary desired _____

Are you currently employed? _____ If so, may we contact your present employer? _____

Do you have an Employment Agreement and/or Non-Competition Agreement with your current or past employer? ____ Yes ____ No

Have you ever applied here before? _____ When? _____

Have you ever been employed by the Medical Mutual Group or any of its subsidiaries? If yes, give dates:

WORK HISTORY

List most recent first, all periods of unemployment should be shown in a separate block. The following information must be supplied in full even if you attach a resumé.

PERIOD OF EMPLOYMENT (MONTH/YEAR)	NAME AND ADDRESS OF COMPANY	POSITIONS HELD	RATE OF PAY
FROM:	COMPANY	POSITION	START:
	STREET & NO.	SUPERVISOR	
TO:	CITY & STATE	PHONE	FINAL:
REASON FOR LEAVING:			
FROM:	COMPANY	POSITION	START:
	STREET & NO.	SUPERVISOR	
TO:	CITY & STATE	PHONE	FINAL:
REASON FOR LEAVING:			
FROM:	COMPANY	POSITION	START:
	STREET & NO.	SUPERVISOR	
TO:	CITY & STATE	PHONE	FINAL:
REASON FOR LEAVING:			
FROM:	COMPANY	POSITION	START:
	STREET & NO.	SUPERVISOR	
TO:	CITY & STATE	PHONE	FINAL:
REASON FOR LEAVING:			

RELATIVES/ACQUAINTANCES IN OUR EMPLOYMENT

NAME	RELATIONSHIP	NAME	RELATIONSHIP

MILITARY

Military Status: _____ Active Duty from _____ to _____

Branch of Service _____

SKILLS & QUALIFICATIONS

Summarize any special training, professional membership, skills, honors, awards, publications, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.

Summarize special skills and qualifications acquired from employment or other experience, include software applications you are skilled in using:

REFERENCES

Give three references, not relatives or former employers:

NAME	OCCUPATION	YEARS KNOWN	PHONE	ADDRESS

APPLICATION FORM DISCLAIMER

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Medical Mutual Group, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned. Both the undersigned and Medical Mutual Group, may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application, **I understand that misrepresentation or omission of facts may be cause for dismissal at any time without any previous notice.** I authorize the investigation of all matters contained in this application and hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that the Company will employ only those individuals who are legally authorized to work in the United States and who present acceptable proof of their lawful employment status and identity, and that any offer of employment is conditional upon the satisfactory completion of the verification process required by the Immigration Reform and Control Act of 1986.

The Fair Credit Reporting Act requires us to advise you that, in connection with our routine processing of your employment application, we may request from a consumer reporting agency an investigative consumer report including information as to your character, general reputation, personal characteristics, mode of living, and motor vehicle operating records. Upon written request from you, we will provide you with additional information concerning the nature and scope of any such report requested by us.

If employed, I agree to abide by the employment policies, practices, and procedures of this Company, to obey safety and work rules, and to conduct myself in a manner that conforms to the standards of conduct required of Medical Mutual employees. I further understand that my employment with this Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period and thereafter, my employment relation with the company is terminable at will for any reason by either party.

Date: _____ Signature of Applicant _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age, disability or veteran status. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in Medical Mutual Group.