



Allied Medcor Services, Inc.
Home Medical Equipment & Oxygen Therapy
2100 N Wilmot, STE 111
Tucson, AZ 85712
Phone 520.296.5925 • Fax 520.296.3620

Employment Conditions

Thank you for considering Allied MedCor Services, Inc. as a potential employer. Before completing the Employment Application, we wish to emphasize several points. Please initial next to each statement and sign where indicated to acknowledge your understanding.

_____ Allied MedCor Services, Inc. is an equal employment opportunity employer which selects the individual it feels is the best match for the job based on job-related qualifications, regardless of race, color, creed, sex, sexual orientation, national origin, religion, age, disability, or other protected group status.

_____ Article XXV of the Arizona Constitution is entitled “Right to Work” which states: “No person shall be denied the opportunity to obtain or retain employment because of non-membership in a labor organization, nor shall the State or any subdivision thereof, or any corporation, individual or association of any kind enter into any agreement, written or oral, which excludes any person from employment or continuation of employment because of non-membership in a labor organization.” Allied MedCor Services, Inc. reserves the right under Article XXV to terminate the employment relationship at any time and for any reason.

_____ Allied MedCor Services, Inc. has an anti-harassment policy that states that harassment of any kind will not be tolerated in the workplace, and that any and all complaints of harassment will be investigated fully, fairly, and quickly, and will be decisively resolved.

_____ Only the Operations Manager or the President of Allied MedCor Services, Inc. has the authority to enter into an agreement for employment. Should you be hired, any offers made by your supervisor are valid only if the Operations Manager or President has approved them.

_____ Dishonesty in the completion of the employment application will cause it to be considered invalid. Should dishonesty become known in the future, regardless of how much time has passed, it may be considered grounds for immediate termination.

_____ The Employment Application is designed to only request information to be used in determining demographics, job-related skills, qualifications and skills, work history, availability, and education. It will NOT be used to discriminate against applicants based on race, color, creed, sex, sexual orientation, national origin, religion, age, disability, or any other protected group status.

_____ Allied MedCor Services, Inc. reserves the right to have employees submit to a drug test by a designated laboratory, based on cause and/or the occurrence of a workplace incident, should it feel that a test is warranted and necessary. Your continued participation from this point forward gives your consent for such a test.

_____ You will have access to the AMS Employee Handbook during business hours, upon request.

By signing below, I acknowledge my understanding of the above content, and agree to abide by the spirit and intent of information therein.

Applicant Signature: _____ Date: _____

Witness Signature: _____ Date: _____



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Applicant Information

Last Name:	First:	M.I.:	Date:
Address:		Apartment/Unit #:	
City:	State:	Zip Code:	
Primary Phone: ()		Secondary Phone: ()	
Date Available:	SS#: - -	Desired Hourly Wage:	
Position Applying For:			
Are you a citizen of the United States?		If no, are you authorized to work in the U.S?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this company?		If yes, when:	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:			

Education

High School:		Address:	
From:	To:	Did you graduate?	Degree:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College:		Address:	
From:	To:	Did you graduate?	Degree:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vocational/Other:		Address:	
From:	To:	Did you graduate?	Degree:
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional References

Please list three professional references who may be contacted by Allied MedCor Services, Inc. to provide you with a reference.

Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	



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Professional References

Please list most recent employment history first.

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for leaving:	
May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for leaving:	
May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Company:		Phone: ()	
Address:		Supervisor:	
Job Title:	Starting Salary:	Ending Salary:	
Responsibilities:			
From:	To:	Reason for leaving:	
May we contact your previous employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Military Service

Branch	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Disclaimer & Signature

*I certify that my answers are true and complete to the best of my knowledge.
 I hereby give permission to Allied MedCor Services, Inc. to check my work history with my professional/employment references.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____