



Phone: 407-849-6455 | Fax: 407-849-6458

Orlando
915 S Orange Ave
Orlando, FL 32806

Altamonte Springs
614 E Altamonte Dr
Altamonte Springs, FL 32701

Kissimmee
1113 N Central Ave
Kissimmee, FL 34741

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

Personal Background

Last Name	First	M.I.	Date
Street Address			Home Telephone ()
City, State, Zip			Business Telephone ()
Have you ever applied for employment with us? Referred by: _____ ___Yes ___No If yes, Month and Year_____			Social Security Number _____

Position Desired: _____ Desired Salary: _____

Type of Employment desired ___Full-time ___Part-Time ___Temporary ___Seasonal

When will you be able to begin work? _____

Are you legally eligible for employment in the United States?
(Proof of U.S. Citizenship or Immigration status will be required upon employment).....Yes No

If a minor, can you produce the age/work certificate necessary to obtain employment?.....Yes No

Are you on lay-off and subject to recall?.....Yes No

Will you travel if job requires it?.....Yes No

Are able to meet the attendance requirements of the position?.....Yes No

Will you work overtime if required?.....Yes No

Have you ever been bonded?.....Yes No

Have you been convicted of a felony in the last seven (7) years?.....Yes No
If yes, please explain: _____

If driving is a requirement of the job for which you are applying, do you have a current, valid driver's license? (If driving is a requirement of the job for which you are applying, continued employment is contingent on you maintaining a current driver's license.).....Yes No

Do you have any physical condition which might limit you ability to perform the job for which you are applying? Describe: _____.....Yes No

U.S. Military or Naval Services _____ Rank _____

Skill And Organizations

List any foreign language(s) you know and check the appropriate spaces that describe you skill level.

Language _____ Speak Some Speak Fluently Read Write
 Language _____ Speak Some Speak Fluently Read Write

List any Professional /Trade/Business or Civic Organization Memberships you may have.

List any special training or skills (computer programming, equipment operation, special tools, or machines used)

Education

	Name	Last Year Completed	Graduate
School		12 GED	<input type="checkbox"/> Yes <input type="checkbox"/> No
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Bus. Grad. School			

Work Experience

Company Name	Employed (Month and Year) From To
Address	Weekly Pay Start Last
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
<hr/>	
Company Name	Employed (Month and Year) From To
Address	Weekly Pay Start Last
Name of Supervisor	Reason for Leaving
State Job Title and Describe Your Work	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Work Experience Continued

Company Name _____	Employed (Month and Year) From _____ To _____
Address _____	Weekly Pay Start _____ Last _____
Name of Supervisor _____	Reason for Leaving _____
State Job Title and Describe Your Work _____	May we contact for reference? ___ Yes ___ No
Company Name _____	Employed (Month and Year) From _____ To _____
Address _____	Weekly Pay Start _____ Last _____
Name of Supervisor _____	Reason for Leaving _____
State Job Title and Describe Your Work _____	May we contact for reference? ___ Yes ___ No

Business/work references not related to you, whom you have known at least three years.

References

Name and Occupation	Address	Phone	Years Known

Applicant's Statement

In signing this application, I certify that all of the foregoing information is complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization; I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

Applicant Signature

Date

Math/Clerical Test

1. Addition

829	816	803	790	777	764
549	562	575	488	601	614

2. Subtraction

825	841	757	873	889	905
256	272	288	304	320	336

3. Multiplication

3	9	6	24	15	27
6	4	9	3	6	4

4. Underneath each number write the amount that is equal to 10%.

5.95	269.21	532.47	795.73	1058.99
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5. 1% of 100 = _____ 2% of 100 = _____ 5% of 200 = _____

6. Enter the next number in the following sets:

3	9	15	21	27	_____
98	83	68	53	38	_____
58	116	232	464	928	_____

7. Number the Following Names in Alphabetic Order

___ Billedeau	___ Noric	___ Franson
___ Franks	___ Stowell	___ MacMillian
___ Lewis	___ Anderson	___ Monroe
___ McMillan	___ Bruinsma	___ Stimson

8. Describe Your Strong Points _____

9. Describe Your Weak Points: _____

Please use the space provided below to tell us what it is you are looking for in a position and what you have to offer. Be as specific as you can.

Test Letter:

Please compose a short article on any piece of Durable Medical Equipment you have some knowledge on. Use correct grammar and form.



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Dear Applicant,

Thank you for applying for employment at Colonial Medical Supplies. The following is intended to give you, and to obtain for us, more information.

Please fill out the application form completely. If you have a resume, attach it to the completed application.

This information sheet is yours to keep. Please remove and retain for your information.

WHO

Colonial Medical Supplies began in 1957 in Winter Park, Florida as part of Colonial Drug Store. The medical supplies part of the business was separated and sold in 1981, and is now owned by Betty Bruinsma.

The company is divided into the following major departments.

- Business Office
- Customer Service
- Retail Sales
- Rehab & Service
- Clinical Services
- Respiratory
- Operations (Shipping/Receiving, Deliveries, Purchasing)

WHAT

We sell, rent and repair medical equipment and supplies. We carry over 8,000 different items in stock and the range of items fall in the following categories.

- | | | | |
|------------------------|-------------------------------|---------------------|-------------------|
| Home Medical Equipment | Respiratory/Clinical Services | Ostomy Supplies | |
| Urological Supplies | Mastectomy Supplies | First Aid Supplies | |
| Orthotics | Sickroom Supplies | Medical Instruments | Surgical Garments |

OUR MISSION STATEMENT

Colonial Medical Supplies is a team dedicated to developing and delivering the highest standards of service and quality in Medical Equipment products and services to clients in the home health care environment. As a growth oriented company, and realizing we are in a rapidly changing industry, we strive continuously for innovative management styles, while encouraging team efforts, to support the needs and values of our clients and staff.