

PLEASE PRINT & COMPLETE PAGES 1-5

NAME _____

PRESENT ADDRESS _____

HOW LONG? _____

HOME PHONE _____ CELL PHONE _____

IF UNDER 18, PLEASE LIST AGE _____

POSITION APPLIED FOR _____

SALARY DESIRED _____

DAYS/HOURS AVAILABLE TO WORK _____ NO PREFERENCE

HOW MANY HOURS WEEKLY _____ MONDAY

TUESDAY

EMPLOYMENT DESIRED FULL-TIME PART-TIME

DATE AVAILABLE FOR WORK _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS
HIGH SCHOOL			
COLLEGE			
BUS. OR TRADE SCHOOL			
PROFESSIONAL SCHOOL			

HAVE YOU EVER BEEN CONVICTED OF A CRIME? Y OR N

IF YES, EXPLAIN NUMBER OF CONVICTION(S), NATURE OF OFFENSE(S) LEADING TO CONVICTION(S), HOW RECENTLY SUCH OFFENSE(S) WAS/WERE COMMITTED, SENTENCE(S) IMPOSED AND TYPE(S) OF REHABILITATION. _____

WHAT IS YOUR MEANS OF TRANSPORTATION TO WORK? _____
 DO YOU HAVE A DRIVER'S LICENSE? Y OR N
 DRIVER'S LICENSE NUMBER _____ STATE OF ISSUE _____ EXPIRATION DATE _____

PERSONAL REFERENCES

PLEASE LIST ATLEAST TWO PERSONAL REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS

NAME	PHONE NUMBER	ADDRESS	HOW LONG HAVE YOU KNOWN

HAVE YOU EVER BEEN IN THE ARMED FORCES? Y OR NO
 ARE YOU A CURRENT MEMBER OF THE NATIONAL GUARD? Y OR N
 SPECIALTY _____ DATE ENTERED _____
 DISCHARGE DATE _____

WORK EXPERIENCE

PLEASE LIST YOUR WORK EXPERIENCE FOR THE PAST FIVE YEARS BEGINNING WITH THE MOST RECENT
 ATTACH ADDITIONAL SHEETS IF NECESSARY

NAME OF EMPLOYER	ADDRESS	PHONE	NAME OF SUPERVISOR
LAST JOB TITLE	SALARY		
LIST THE JOB SKILLS	_____		

REASON FOR LEAVING	_____		

NAME OF EMPLOYER	ADDRESS	PHONE	NAME OF SUPERVISOR
LAST JOB TITLE	SALARY		

LIST THE JOB SKILLS

REASON FOR LEAVING

NAME OF EMPLOYER	ADDRESS	PHONE	NAME OF SUPERVISOR
LAST JOB TITLE	SALARY		

LIST THE JOB SKILLS

REASON FOR LEAVING

NAME OF EMPLOYER	ADDRESS	PHONE	NAME OF SUPERVISOR
LAST JOB TITLE	SALARY		

LIST THE JOB SKILLS

REASON FOR LEAVING

MAY WE CONTACT YOUR PRESENT EMPLOYER? Y OR N N/A

DID YOU COMPLETE THIS APPLICATION YOURSELF? Y OR N IF NOT, WHO DID?

APPLICATION FORM WAIVER

IN EXCHANGE FOR THE CONSIDERATION OF MY JOB APPLICATION BY THE PETERSON CLINIC (HEREINAFTER CALLED: THE COMPANY"), I AGREE THAT:

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 AND RIGHT TO REMAIN AN EMPLOYEE OF PETERSON CLINIC, OR OTHERWISE TO CHANGE IN ANY RESPECT THE EMPLOYEE-AT-WILL RELATIONSHIP BETWEEN I AND THE UNDERSIGNED, AND THAT RELATIONSHIP CANNOT BE ALTERED EXCEPT BY A WRITTEN INSTRUMENT SIGNED BY THE PRESIDENT/GENERAL MANAGER OF THE COMPANY. BOTH THE UNDERSIGNED AND THE PETERSON CLINIC 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 THE MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL AT ANY TIME WITHOUT ANY PREVIOUS NOTICE. I HEREBY GIVE THE COMPANY PERMISSION TO CONTACT SCHOOLS, PREVIOUS EMPLOYERS (UNLESS OTHERWISE INDICATED), REFERECES, AND OTHERS, AND HEREBY RELEASE THE COMPANY FROM ANY LIABILITY AS A RESULT OF SUCH CONTRACT.

I ALSO UNDERSTAND THAT (1) THE COMPANY HAS A DRUG AND ALCOHOL POLICY THAT PROVIDES FOR PREEMPLOYMENT TESTING AS WELL AS TESTING AFTER EMPLOYMENT; (2) CONSENT TO AND COMPLIANCE WITH SUCH POLICY IS A CONDITION OF MY EMPLOYMENT; AND (3) CONTINUED EMPLOYMENT IS BASED ON THE SUCCESSFUL PASSING OF TESTING UNDER SUCH POLICY. I FURTHER UNDERSTAND THAT CONTINUED EMPLOYMENT MAY BE BASED ON THE SUCCESSFUL PASSING OF JOB RELATED PHYSIC EXAMINATIONS. I UNDERSTANT THAT, IN CONNECTION WITH THE ROUTINE PROCESSING OF YOUR EMPLOYMENT APPLICATION, THE COMPANY MAY REQUEST FROM A CONSUMER REPORTING AGENCY AN INVESTIGATIVE CONSUM REPORT INCLUDING INFORMATION AS TO MY CREDIT REPORT, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. UPON WRITTEN REQUEST FROM ME, THE COMPANY, WILL PROVIDE ME WITH ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF ANY SUCH REPORT REQUESTED BY IT; REQUIRED BY THE FAIR CREDIT REPORTING ACT.

I FURTHER UNDERSTAND THAT MY EMPLOYMENT WITH THE COMPANY SHALL BE PROBATIONARY FOR A PERIOD OF NINETY (90) DAYS, AND FURTHER THAT AT ANY TIME DURING THE PROBATIONARY PERIOD OR THEREAFTER, MY EMPLOYMENT RELATIONSHIP WITH THE COMPANY IS TERMINABLE AT WILL FOR ANY REASON BY EITHER PARTY.

SIGNATURE OF APPLICANT

DATE

THIS COMPANY IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. WE ADHERE TO A POLICY OF MAKING DECISIONS WITHOUT REGARD TO RACE, RELIGION, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, CITIZENSHIP, AGE OR DISABILITY. WE ASSURE YOU THAT YOUR OPPORTUNITY FOR EMPLOYMENT WITH THIS COMPANY DEPENDS SOLELY ON YOUR QUALIFICATIONS.

DATE

WEDNESDAY
THURSDAY
FRIDAY

FULL OR PART-TIME

MAJOR AND DEGREE

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DATES	FROM/TO

DATES	FROM/TO

DATES	FROM/TO

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