

PERSONAL INFORMATION

Today's Date: _____

Legal Name: _____
Last
First
Middle Initial

SSN: _____ DOB: _____ U.S. Citizen? Y N

Phone #: _____ E-Mail Address: _____

Present Address: _____ Years Lived: _____
Street
City
State
Zip

Previous Address: _____ Years Lived: _____
Street
City
State
Zip

EMPLOYMENT DESIRED

Position Desired: _____ Earliest Available Start Date: _____

Type of Employment Desired: FULL TIME PART TIME Salary Desired: \$ _____ / HR

Currently Employed: Y or N. If YES, may we contact your current employer? Y or N

Current Employer Name: _____ Current Employer Phone #: _____

If required from time to time, are you willing to work overtime? Y or N

Have you previously applied for employment with this company? Y or N

Have you previously been employed with this company? Y or N If YES, provide dates and reason for separation. _____

EDUCATION	School Name City, State	Last Year Completed	Did You Graduate?	Subject(s) Studied and/or Degree/Certificate Received
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Trade, Business or Correspondence School	_____	_____	_____	_____

GENERAL

Subject(s) of Special Study or Research Work: _____

Job Related Skills (typing, Driver's License, etc.): _____

Activities Other Than Religious (Civic, Athletic, etc.) EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATE THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS: _____

FORMER EMPLOYER(S)

List below your last four employers, starting with the last one first.

Date(s) Month and Year	Name and Address of Employer	Hourly Rate or Salary Position (upon leaving)	Reason for Leaving
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

Have you been convicted of a misdemeanor or felony, or charged with a felony? ____ Y or ____ N

If YES, please list date(s) & explain: _____

PROFESSIONAL REFERENCES

List below three persons not related to you and whom you have worked with within the last 10 years.

Name	How do you know this person?	Phone #	Years Acquainted

If you are to be hired, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements. In addition, we are smoke-free and reserve the right not to hire individuals who smoke.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Nawada Plastic Surgery.

I understand that any employment is conditioned on a background check. I authorize Nawada Plastic Surgery to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Nawada Plastic Surgery, without giving me prior notice of such disclosure. In addition, I release Nawada Plastic Surgery, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my work will be performed as an employee at will without fixed term, and may be terminated at any time, with or without cause and with or without prior notice, at the option of either myself or Nawada Plastic Surgery. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon Nawada Plastic Surgery unless made in writing.

I understand that filling out this form does not indicate there is a position open and does not obligate Nawada Plastic Surgery to hire me at any time.

Signature: _____

Date: _____