

MOWERY CLINIC, L.L.C.
AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Please print or write in ink

DATE: _____

PERSONAL DATA

Name _____

Present Address _____ Telephone _____

Permanent Address _____ Telephone _____

Have you ever worked for this company before? _____

Are you over 18 years of age? _____ If hired, can you furnish proof of age? _____

Are you legally eligible for employment in the United States? _____

If hired, will you provide necessary verification and documentation of your eligibility for employment? _____

What method of transportation will you use to get to and from work? _____

Have you ever been convicted of violating any laws other than minor traffic offenses? _____

If so, please explain. _____

Do you have any physical or mental condition which may limit your ability to perform the job for which you are applying?

_____ If yes, please describe. _____

When are you available to report for work? _____

What position of employment are you seeking? _____

Professional certification/licensure/registry (RN, LPN, Med. Tech, X-Ray Tech, CPR, etc.)

Profession	Issued by	Number	State	Expires
------------	-----------	--------	-------	---------

Profession	Issued by	Number	State	Expires
------------	-----------	--------	-------	---------

Are you able to travel and be gone during the work week? _____ Are you able to work overtime? _____

Do you have any relatives that are currently working for the company? _____

RECORD OF EDUCATION

	School	Last Year Completed	Degree
Elementary:	_____	_____	_____
High School:	_____	_____	_____
College:	_____	_____	_____
Vocational:	_____	_____	_____
Continuing Education:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

EMPLOYMENT HISTORY

List all employment starting with your most recent employment for the past ten (10) years or more.

Employer	_____	_____	_____
Address	_____	Telephone	_____
Title	_____		
Job Duties	_____		
Reason For Leaving	_____		
Employer	_____	_____	_____
Address	_____	Telephone	_____
Title	_____		
Job Duties	_____		
Reason For Leaving	_____		
Employer	_____	_____	_____
Address	_____	Telephone	_____
Title	_____		
Job Duties	_____		
Reason For Leaving	_____		

MILITARY EXPERIENCE

Branch _____

From _____ To _____

Rank Achieved _____

Job Related Experience _____

PERSONAL REFERENCES

(Not former employers or relatives)

Name

Occupation

Address

Telephone Number

READ BEFORE SIGNING

I understand and agree that:

1. Any material misrepresentation or deliberate failure to respond to an inquiry on my application may be justification for refusal of, or, if employed, termination from, employment.
2. Mowery Clinic, L.L.C. will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of information requested by Mowery Clinic, L.L.C., and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to, immediate dismissal.
3. I am not required to disclose information about physical or mental limitations that I believe will not interfere with my capability to do the job. If, however, I want Mowery Clinic, L.L.C. to consider special arrangements to accommodate a physical or mental impairment, I may identify that impairment and suggest the kind of accommodation that I believe would be appropriate. I also understand that Mowery Clinic, L.L.C. will not refuse to hire a disabled applicant who is qualified to perform the essential requirements of the job with reasonable accommodation.
4. Although Mowery Clinic, L.L.C. will make every effort to accommodate individual preferences, business needs may at times make it necessary for me to work overtime, a rotating schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of employment.
5. My employment may be terminated by Mowery Clinic, L.L.C. at any time without liability for wages or salary, except such as may have been earned at the date of such termination. I understand and agree that if I am conditionally offered employment with Mowery Clinic, L.L.C., I may be required to take a physical examination, at Company expense, and further that I may be required, from time to time, to submit to drug and alcohol testing during the course of my employment. I specifically authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment, or in the future during my employment, with Mowery Clinic, L.L.C.

I further understand that this is an application for employment and that no employment contract is being offered.

I understand that, if I am employed, such employment is for an indefinite period of time, and that Mowery Clinic, L.L.C. can change wages, benefits and conditions at any time.

I have read and understand the above:

Date

Signature