

San Francisco • Walnut Creek phone: 415-409-3456 • fax: 415-500-2417

# **Employment** application

Recharge Medical is an equal opportunity employer. Applicants are considered on the basis of skills, experience, and qualifications without regard to race, creed, color, national origin, sex, marital status, or the presence of non-job-related medical disability or any other legally protected status.

If possible, use Adobe Acrobat or Adobe Reader to complete this on a computer before printing or emailing. (Other applications might seem to work but are not compatible. Use only either of these.)

#### **Education**

	Name, location	Subject or studies	Degree	Year
example	Boston College, Boston MA	biology	BS	2010
high school		_		
jr. college/trade				
university/college				
graduate school				
postgrad				
practice/internship				

#### Licenses and certificates

Name	Issued by	Number	Expires
example: vocational nurse	State of California	123456-78	5/2099

# Other training and skills

#### Questionnaire

	yes	no
Can you perform all the essential functions of the position for which you are applying, with or without a reasonable accommodation?		
In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by our Company, you will be asked to provide documentation that verifies your legal right to work in the United States. Can you provide such documentation?		
Have you ever been convicted of a felony? If yes, explain below.		
Do you currently have any commitments to another employer? If yes, explain below.		
Do you authorize a background investigation including prior employers, education, and criminal records?		
Have you ever been sued or had a professional complaint filed against you? If yes, please explain below.		

	yes	no
Have you ever been terminated from a job or suspended due to alcohol or drug abuse?		
Have you ever been treated for alcohol or drug abuse?		
Do you have any allergies to any materials used in the daily duties of the job for which you are apply- ing?		
While working in a health care setting, certain vaccinations are required for your safety and the safety of our patients and community. Can you show proof of current vaccinations?		
If your vaccinations are not current, are you willing to receive the required vaccinations?		
Have you ever had a positive tuberculosis (TB) test?		
Will you agree to take a TB test prior to beginning employment?		



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## **Experience**

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	Current or most recent job	Next most recent job	Next most recent	job	Next most recent j	ob
Title						
Start date						
End date						
Company name						
Address						
Supervisor						
Telephone #						
Duties						
Reason for leaving						
May we contact?	yes no	yes no	yes	no	yes	no
May we run an employment check from the employers listed above?			yes	no		
Has notice been give	yes	no	not applicable			
Have you worked under any other name necessary to check your work history?			yes If yes, please expl	no ain:		

## References

List references acquainted with your work history. Do not include family members, supervisors listed above, and friends who are not co-workers.

	Reference #1	Reference #2	Reference #3
Name			
How are you acquainted?			
Job title			
Company name			
Address			
Telephone#			

	er			

lishments. You may exclude any information indicative of age, sex, race, religion, color, national origin, or handicap.				

Tell us anything else that you think would be helpful to us in considering you for employment. For example, additional work experience, publications, activities, accom-



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### **Agreement**

The following points are very important. Please read them carefully before agreeing to this application.

- 1. I authorize the investigation of all statements contained in this application.
- I will not hold Recharge Medical ("the Clinic")
  or any of my previous employers liable in any respect if an employment offer is not forthcoming,
  is withdrawn, or if my employment is terminated
  as a result of misrepresentation or omission of
  facts on this application.
- 3. I understand that if I am employed by the Clinic additional personal data may be required for determination of benefits, statistical purposes, and legal compliance.
- 4. I understand that if I am employed by the Clinic, my employment is "at will," meaning that I or the Clinic may terminate the employment relationship at any time, for any reason, with or without notice.
- I understand that no employee of the Clinic has the authority to modify the understanding orally or in writing, except with the written permission of the Chief Executive Officers of Recharge Medical.
- $6. \;\; I$  understand that all applications are kept on file for 12 months.
- I have read the above statements and understand all of them.

Signature:
Date:
Emergency contact:
T
Emergency contact telephone #:
Emergency contact address:
Known allergies:
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Special instructions for a medical emergency: