



Experience

	Current or most recent job	Next most recent job	Next most recent job	Next most recent job
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 given to your current employer?			yes	no not applicable
Have you worked under any other name necessary to check your work history?			yes	no
If yes, please explain:				

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 #			

Other information

Tell us anything else that you think would be helpful to us in considering you for employment. For example, additional work experience, publications, activities, accomplishments. You may exclude any information indicative of age, sex, race, religion, color, national origin, or handicap.



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.
2. 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(“the Clinic”) or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application.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.
5. 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.
7. I have read the above statements and understand all of them.

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