

# Application for Employment

## Center for Plastic and Reconstructive Surgery, LLC

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.

### PERSONAL INFORMATION

<b>DATE:</b> _____	<b>SOCIAL SECURITY #</b> _____	<b>No of yrs resident of GA</b> _____	<b>Previous state of residence if less than 1 yr in GA</b> _____
<b>NAME:</b> _____			
	LAST	FIRST	MIDDLE
<b>PRESENT ADDRESS:</b> _____			
	STREET	CITY	STATE ZIP
<b>PERMANENT ADDRESS:</b> _____			
	STREET	CITY	STATE ZIP
<b>TELEPHONE #:</b> _____		<b>CELL PHONE #:</b> _____	

### EMPLOYMENT INFORMATION

<b>POSITION APPLYING FOR:</b> _____	<b>DESIRED SALARY \$</b> _____ <b>PER</b> _____
<p>Have you had a prior conviction or have pled no contest within the last 10 years for child or adult abuse, neglect, exploitation, or mistreatment, or for sexual assault, assault with a deadly weapon, drug related charges or have any such litigation pending?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Do you have an active dependency on a psychoactive substance(s) that would impair your ability to perform assigned duties?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	

### EDUCATION

	NAME & LOCATION OF SCHOOL	CIRCLE LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE(S) EARNED
High School	_____	1 2 3 4		
	_____			
College	_____	1 2 3 4		
	_____			
Trade, Business or Correspondence School	_____	1 2 3 4		
	_____			

### FORMER EMPLOYERS: LIST BELOW LAST FOUR EMPLOYERS, BEGINNING WITH THE MOST RECENT EMPLOYER

DATES EMPLOYED MONTH & YEAR	Name & Address of Employer	SALARY	POSITION	Reason for Leaving
	_____			
	_____			
	_____			
	_____			

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**REFERENCES:** LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	Address	BUSINESS	PHONE	Years Acquainted

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION INCLUDING CRIMINAL BACKGROUND CHECKS. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS NOT FOR A DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**INTERVIEWED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_