



GRINER MEDICAL GROUP

Application for Employment

(WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

APPLICANT'S STATEMENT

I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, work and personal references listed in the application, and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug or alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages which may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the Company President may do so in writing.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form.

The information given by me on this application is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

THIS APPLICATION WILL BE CONSIDERED "ACTIVE" FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

DO NOT SIGN UNTIL YOU READ AND UNDERSTAND THIS STATEMENT.

Date

Applicant's Signature

Each inquiry on this application must be fully answered or completed. Otherwise, you will not be considered for employment.

PERSONAL DATA

Last Name _____	First Name _____	Middle Name _____
Present Street Address _____ City, State, Zip _____	How long have you lived there? Years _____ Months _____	
Previous Street Address _____ City, State, Zip _____ Telephone Number(s) _____	How long did you live there? Years _____ Months _____	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Position Desired: _____	Placement Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
When are you available for work? _____		
Career Objectives: _____		

PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. **DO NOT ANSWER "SEE RESUME."** Fill out this form completely.

Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor Name & Title	Reason for Leaving		
Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor Name & Title	Reason for Leaving		
Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor Name & Title	Reason for Leaving		
Employer	Dates Employed		Work Performed
	From	To	
Telephone Number(s)			
Address	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor Name & Title	Reason for Leaving		

	From	To	
Telephone Number(s)			
Address	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor Name & Title	Reason for Leaving		

BACKGROUND INFORMATION

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

List any other names which you may have used and which will be necessary to verify your prior employment: _____

If hired, can you provide proof that you are legally entitled to work in the U.S.? Yes No

If not, what steps must be taken for you to begin employment lawfully? _____

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances. _____

May we contact your current employer? Yes No

If no, please explain: _____

Have you ever worked for this Company? Yes No

If yes, please give dates and position: _____

Do you have any friends or relatives working here or for one of our other companies? Yes No

If yes, name(s), relationship and company. _____

How were you referred to us? _____

Have you ever plead no contest, nolo, or guilty to a crime, or been convicted of a crime? Yes No

Are any charges currently pending against you? Yes No Has any adjudication ever been withheld? Yes No

(NOTE: Answering "yes" to these questions does not constitute an automatic bar to employment). If you answered yes to any of the preceding questions, please give dates and details:

Do you have any commitments to any other employer which may affect your employment? Yes No

If yes, explain: _____

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				

RELEVANT EXPERIENCE

Please indicate positions you have held in prior jobs:

Management/Supervision

- General Manager
- Operations Manager
- Sales Manager
- Office Manager
- Other: _____

Office/Administrative

- Accounting: Payables/Receivables
- General Clerical
- Cashier
- File Clerk
- Secretary (wpm :____)
- Switchboard/Receptionist
- Courier
- Customer Service Representative
- Other: _____

Medical Office

- Receptionist
- Front Office : _____
- Back Office: _____
- Other: _____

List any professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying:

OTHER INFORMATION

Please describe any other experience that you have which would be relevant to the job for which you are applying:

PERSONAL REFERENCES

Please provide three personal references. Do **NOT USE** past employers and/or relatives.

NAME	ADDRESS	TELEPHONE	OCCUPATION