



**APPLICATION FOR
EMPLOYMENT**

IMPORTANT NOTICE

Restore Medical Partners is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law, including but not limited to race, color, religion, gender, national origin, age, disability, marital or veteran status or any other legally protected status. Equal access to employment services and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

We only hire individuals possessing the highest levels of honesty and personal integrity and we strive to create a safe workplace, free of harassment and potentially dangerous individuals. To that end, we may conduct a comprehensive background investigation and/or drug screen on every applicant for employment.

PERSONAL INFORMATION- PLEASE PRINT		Date of Application: _____	E-Mail Address: _____@_____
Name	LAST _____ FIRST _____ MI _____		
Address	STREET _____	Home Telephone Number: (____) _____ - _____	
City, State, Zip	CITY _____ STATE _____ ZIP _____	Cell Telephone Number: (____) _____ - _____	
How long have you lived at this address? _____	List previous address if changed within the last 5 years: # and STREET _____ City _____ State _____ Zip _____ How long at this address? From _____ to _____	Drivers License Number and State if driving is an essential job function: St: _____/#_____	

Have you previously applied with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, what month and year? ____/____
Have you previously worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, from (mo/yr): ____-____/____-____
Do you have a legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Proof of Citizenship or immigration status will be required upon employment.</i>
Have you ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____ Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____	
NOTE: : An applicant for employment is not required to disclose or reveal records that have been expunged, sealed or impounded under state law. You also do not have to disclose any misdemeanor conviction for which you have completed probation and the case has been dismissed. An applicant will not be refused employment solely on the basis of an arrest, conviction or plea of no contest. The nature, date and surrounding circumstances will be considered in regards to all felony convictions. However, any deceptive or untruthful answer will immediately cause your application for employment to be rejected.	

AVAILABILITY	
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what hours can you work? _____
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
When will you be available to begin work? _____	Desired annual salary: _____
Are there any time when you would be unable to come to work on regularly scheduled workdays due to some type of outside commitments? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details: _____	

REFERRAL INFORMATION

How did you hear about our company or this position? _____

 Were you referred to us by a current employee? Yes No

If Yes, please provide their name: _____

EDUCATION and TRAINING

Category	Name and Location		# of years attended	Degree Received	Subjects Studied/Major
High School					
College/University					
Trade, Business or Correspondence School					
Graduate Work					
Professional license or certification	Type	From			Exp
Professional license or certification	Type	From			Exp

List any honors or achievements you have relevant to the position for which you are applying: _____

Indicate any foreign languages that you speak or read fluently: _____

 Are you planning to pursue further studies? Yes No Days Nights Full-time Part-time

If Yes, when and what courses? _____

PROFESSIONAL ORGANIZATIONS

 List any professional organizations to which you belong. You may exclude those which may disclose your race, color, religion, gender, national origin, age, disability, marital or veteran status or other legally protected status.

EMPLOYMENT HISTORY

 NOTE: Include your last ten (10) years of employment history starting with the most recent and working backwards. Include periods of unemployment, self-employment, voluntary, military, and part-time jobs. *Incomplete information could disqualify you from further consideration.* (If more room is needed please attach a separate page, however, this application must be completed in its entirety.)

Present Employer:

Company Name		From	To
Address		Beginning Rate/Salary	Ending Rate/Salary
Supervisor's Name		Supervisor's Telephone Number:	Supervisor's Email Address:
Supervisor's Title		Your Job Title or Position:	
Summary of Duties or Responsibilities:		May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for seeking other employment:			

Prior Employer:			
Company Name		From	To
Address		Beginning Rate/Salary	Ending Rate/Salary
Supervisor's Name		Supervisor's Telephone Number:	Supervisor's Email Address:
Supervisor's Title		Your Job Title or Position:	
Summary of Duties or Responsibilities:		May We Contact Prior Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for seeking other employment:			
Prior Employer:			
Company Name		From	To
Address		Beginning Rate/Salary	Ending Rate/Salary
Supervisor's Name		Supervisor's Telephone Number:	Supervisor's Email Address:
Supervisor's Title		Your Job Title or Position:	
Summary of Duties or Responsibilities:		May We Contact Prior Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for seeking other employment:			
Prior Employer:			
Company Name		From	To
Address		Beginning Rate/Salary	Ending Rate/Salary
Supervisor's Name		Supervisor's Telephone Number:	Supervisor's Email Address:
Supervisor's Title		Your Job Title or Position:	
Summary of Duties or Responsibilities:		May We Contact Prior Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for seeking other employment:			
Prior Employer:			
Company Name		From	To
Address		Beginning Rate/Salary	Ending Rate/Salary
Supervisor's Name		Supervisor's Telephone Number:	Supervisor's Email Address:
Supervisor's Title		Your Job Title or Position:	
Summary of Duties or Responsibilities:		May We Contact Prior Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for seeking other employment:			
Prior Employer:			
Company Name		From	To
Address		Beginning Rate/Salary	Ending Rate/Salary
Supervisor's Name		Supervisor's Telephone Number:	Supervisor's Email Address:
Supervisor's Title		Your Job Title or Position:	
Summary of Duties or Responsibilities:		May We Contact Prior Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for seeking other employment:			

Reason for seeking other employment:

 Yes

 No

OTHER SKILLS and INTERESTS

 List any computer or specialized skills, experience or training pertinent to the position applied for:

 List and hobbies or other interests pertinent to the position applied for:

PROFESSIONAL REFERENCES

Provide the information of three (3) persons not related to you, with whom you have had a working or professional relationship.

Name	Address and Phone	Company and # Years Acquainted
1.		
2.		
3.		

APPLICANT'S STATEMENT

I certify that the answers given here are true and correct.

I authorize any of the persons or organizations referenced in this application to give Restore Medical Partners or its agents any and all information concerning my previous employment, education, or other information that they may have, with regard to any of the subjects covered by this application and release all such parties from all liability for any damage that may result from furnishing such information. This authorization does not include release of other prohibited disability and medical related information prohibited in pre-employment inquiries by the Americans with Disabilities Act (ADA).

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Restore Medical Partners is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically authorized by Restore Medical Partners.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Employer.

 Applicant Signature

 Date

This application for employment shall remain active for a period of time not to exceed sixty (60) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.