Medical WEIGHT LOSS CLINIC

EMPLOYMENT APPLICATION
(An Equal Opportunity Employer)

Please Print Clearly

Applicant Information

Last Name	**First Name**		**Today's Date**
Address	**City**	**State**	**Zip**

Cell Phone: _____ **Home Phone:** _____

Email: _____

Available Start Date	**Are you legally eligible to be employed in the U.S.?** ❑ Yes ❑ No Proof of eligible status will be required if hired	**Are you at least 18 years old?** ❑ Yes ❑ No

Have you ever worked for MWLC? If yes, list dates and location:	**List any other names you have worked under:**	**Do you have any relatives/friends who are/were employed by MWLC?**

POSITION

What position(s) are you applying for?	**Employment Status Desired**	**Current Salary:**
❑ Sales/Management ❑ Consultant	❑ Full Time ❑ Temporary	$ _____
❑ Medical Staff ❑ Other	❑ Part Time ❑ On Call	**Desired Salary:** $ _____

How did you find out about this job?

❑ MWLC Website ❑ Advertisement (List Source) _____

❑ Current/Former Employee: _____ ❑ Other: _____

Please check any of the following for which you have been trained or have experience:

Administrative: ❑ Computer ❑ Scheduling ❑ Payroll; Accounts Payable/Receivable ❑ Receptionist

Sales: ❑ Retail ❑ Direct or Inside Sales ❑ Cold Calling ❑ Customer Service

Medical: ❑ EKGs ❑ Blood Pressure ❑ Charting ❑ BMI measurement ❑ Medical Terminology

❑ Venipuncture: _____ Hand Draw/Butterfly Method _____ Vacutainer Straight Needle

❑ Injections: _____ Deltoid _____ Glute

List any other skills/training that may be relevant to the position for which you are applying:

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Employment Data

❑ Yes ❑ No	If hired, do you have a reliable means of transportation to get to work?
❑ Yes ❑ No	If hired, will you be available to work overtime?
❑ Yes ❑ No	If hired, are you willing to work holidays?
❑ Yes ❑ No	If hired, are you willing to travel if the position requires it?
❑ Yes ❑ No	Are you currently employed?
❑ Yes ❑ No	Have you ever been discharged or asked to resign from a position? If yes, please explain:
❑ Yes ❑ No	Are you on layoff and subject to recall? If yes, please explain:
❑ Yes ❑ No	Have you ever been convicted of a felony or misdemeanor? If yes, please explain: (Note: A conviction does not automatically disqualify your application)

Education

Please circle the highest level/grade completed

High School	**College**	**Other**
9 10 11 12 GED	Associates Bachelors Masters Other	Name of Training or Certification Program
Name of School	**Name of School**	**Name of School**
Location	**Location**	**Location**
Are you enrolled in a co-op program? ❑ Yes ❑ No	**Degree and Major**	**Certification Received**

Military Service

Are you a veteran? ❑ Yes ❑ No

If yes, list dates of service: From:_____ To:_____

List any special skills or training:

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EMPLOYMENT HISTORY

List all employment for the past ten years, starting with the most recent position. (Attach additional sheets if necessary)

Employer Name		Phone	May we contact for reference? ❑ Yes ❑ No ❑ Later
Employer Address			
Date of Hire / /	Starting Salary	Supervisor Name	
Employed Until / /	Ending Salary	Supervisor	
Job Title		Reason for Leaving	
Duties and Responsibilities			
Employer Name		Phone	May we contact for reference? ❑ Yes ❑ No ❑ Later
Employer Address			
Date of Hire / /	Starting Salary	Supervisor Name	
Employed Until / /	Ending Salary	Supervisor	
Job Title		Reason for Leaving	
Duties and Responsibilities			
Employer Name		Phone	May we contact for reference? ❑ Yes ❑ No ❑ Later
Employer Address			
Date of Hire / /	Starting Salary	Supervisor Name	
Employed Until / /	Ending Salary	Supervisor	
Job Title		Reason for Leaving	
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Employer Name		Phone	May we contact for reference? ❑ Yes ❑ No ❑ Later
Employer Address			
Date of Hire / /	Starting Salary	Supervisor Name	
Employed Until / /	Ending Salary	Supervisor	
Job Title		Reason for Leaving	
Duties and Responsibilities			

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Certification, Authorizations and Agreements

Please read the following statements carefully and indicate your agreement by checking Yes or No in the left column.

❑ Yes ❑ No	**CERTIFICATION:** I certify that the facts set forth in this application are true and complete. I agree that any false, misleading, or incomplete information in this application, or given during an interview or other employment forms I may subsequently complete, may result in my disqualification from employment with MEDICAL WEIGHT LOSS CLINIC or in my dismissal from employment, if hired, no matter when the falsification or omission is discovered.
❑ Yes ❑ No	**FORMER EMPLOYERS AND BACKGROUND INFORMATION:** I authorize MEDICAL WEIGHT LOSS CLINIC to contact the appropriate entities to investigate the facts submitted in this application, including, but not limited to, criminal background organizations, all my former and current employers, schools, and references. I authorize such entities to disclose and make copies available to MEDICAL WEIGHT LOSS CLINIC all requested information, whether or not it is included in my personnel or other record, including but not limited to, any information concerning any unprofessional conduct by me. I release MEDICAL WEIGHT LOSS CLINIC and all of my former and current employers, educational institutions, and the other references I have provided, from any and all liability and damages for releasing or using information concerning me and my work, academic, and/or other experience.
❑ Yes ❑ No	**DRUG TESTING:** I understand that I may be asked to undergo such medical examinations and drug tests as MEDICAL WEIGHT LOSS CLINIC may require, and release them from any liability in doing so. I also understand that any offer of employment I may receive may be contingent upon my satisfactory completion of such medical exam or drug test.
❑ Yes ❑ No	**DISABILITY:** I understand that Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need for accommodation is known or should have been known.
❑ Yes ❑ No	**EMPLOYMENT-AT-WILL:** I understand that nothing in this application or the above Certification, Authorizations and Agreements constitutes an employment contract. If I am hired, it will be "employment-at-will" and employment can terminate at the will of either party, with or without cause.

_____ _____

Applicant Signature **Date**