RealOptions
OBRIA MEDICAL CLINICS

APPLICATION FOR EMPLOYMENT

Date:_____ Position(s) applying for:_____

Name:_____
(first) (middle) (last)

Social Security # _____ - _____ - _____

Home Address:_____
(street) (city) (state) (zip)

Home Telephone: _____ Work Telephone: _____

May we leave messages at your home number? Yes □ No □
May we leave messages at your work number? Yes □ No □

Date available to report to work: _____

Background Information

Do any relatives currently work for this company? Yes □ No □
If 'yes", then please state the name(s) and relationship(s):

Are you at least 18 years of age? Yes □ No □
If "no", you must be able to verify that you meet minimum legal age requirements.

If you are offered a position with this company, can you provide proof of U.S. Citizenship or proof of your legal right to work in the U.S.? Yes □ No □

If offered a position with this company, do you have reliable transportation? Yes □ No □

Education *Use additional sheet if necessary*

	Name/Address	***# Years Completed***	***Did You Graduate?***	***Degree***
High School				
College				
Graduate				
Trade School				

Name _____

Work History

Please provide a complete list of your work history for the last 10 years, including periods of unemployment. Please list your most current employment first.
** Use an additional sheet if necessary

Employer:_____ Phone No:_____

Address:_____
(street) (City) (state) (zip code)

Position/Title: _____ Supervisor:_____

Dates of Employment: From: _____ To: _____

Job Duties:

Reason for Leaving:_____

If any period of unemployment after this job, please explain:

Employer:_____ Phone No:_____

Address:_____
(street) (City) (state) (zip code)

Position/Title: _____ Supervisor:_____

Dates of Employment: From: _____ To: _____

Job Duties:

Reason for Leaving:_____

If any period of unemployment after this job, please explain:

Employer:_____ Phone No:_____

Address:_____
(street) (City) (state) (zip code)

Position/Title: _____ Supervisor:_____

Dates of Employment: From: _____ To: _____

Name _____

Job Duties:

Reason for Leaving:_____

If any period of unemployment after this job, please explain:

Professional Affiliations

Please list any professional affiliations, memberships, and accreditations you have received:

Skills and Training

Please check off the skills that apply to you:

□ Public Speaking	□ Written/Verbal Communication	□ Administration & Management
□ Public Relations	□ Strategizing & Problem Solving	□ General Accounting Practices
□ Computer Proficiencies	□ General Financial Management	□ Multitasking & Prioritizing
□ Self Motivated	□ Willingness to learn	□ Ability to maintain professional rapport

Other specific skills and/or training (computer training, software applications, equipment, techniques, etc.)

References - Please include at least 2 employment references (additional space for personal reference)

Name:_____

Occupation:_____ Number of Years Known:_____

Relationship to You:_____ Telephone Number:_____

Name _____

Name:_____

Occupation:_____ Number of Years Known:_____

Relationship to You:_____ Telephone Number:_____

Name:_____

Occupation:_____ Number of Years Known:_____

Relationship to You:_____ Telephone Number:_____

Applicant's Statement

I certify that the information contained in this application and any attachments is true and correct to the best of my knowledge. I consent to having any of the information verified by the company. I authorize my references and supervisors to provide information concerning my previous employment. I release all parties from any and all liability for damages that may result from furnishing such information, as well as from the use of or disclosure of such information by the company or its agents. I understand that any misrepresentation or material omission in this application may result in my failure to receive an offer or, if I am hired, in my dismissal.

I UNDERSTAND AND AGREE THAT IF I AM HIRED MY EMPLOYMENT CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF THE COMPANY. No representative of the company other than the President has any authority to agree to the contrary. Further, the President may not alter the at-will nature of the employment unless done so specifically in a written agreement signed by both of us.

I understand that any offer of employment is contingent on the satisfactory results of an employment reference check and a basic criminal history background check.

I understand that all offers of employment are conditioned on my providing satisfactory proof of my identity and legal authority to work in the U.S.

Signed:_____ Date:_____