

# PIEDMONT REGIONAL FEEDING & ORAL MOTOR CLINIC

Employment Application

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
<b>Are you a citizen of the United States?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Have you ever worked for this company?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
<b>Have you ever been convicted of a felony?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, Please explain (use back of application if needed):

EDUCATION			
<b>High School</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>College</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
<b>Other</b>		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
<b>Full Name</b>	Relationship
Company	Phone (     )
Address	
<b>Full Name</b>	Relationship
Company	Phone (     )
Address	
<b>Full Name</b>	Relationship
Company	Phone (     )
Address	

<b>PREVIOUS EMPLOYMENT</b>			
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
If No, Please explain:		YES	<input type="checkbox"/>
<b>May we contact your previous supervisor for a reference?</b>		NO	<input type="checkbox"/>
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
If No, Please explain:		YES	<input type="checkbox"/>
<b>May we contact your previous supervisor for a reference?</b>		NO	<input type="checkbox"/>
<b>Company</b>		Phone (    )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
If No, Please explain:		YES	<input type="checkbox"/>
<b>May we contact your previous supervisor for a reference?</b>		NO	<input type="checkbox"/>

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
<b>Signature</b>	<b>Date</b>

**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by PRFC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment or to confer any right to remain an employee of PRFC and that relationship cannot be altered except by a written instrument signed by the Manager of the Company. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment. (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I understand that in connection with the routine processing of my employment application, the Company may request a background verification from a consumer reporting agency for employment purposes. Thus, I may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information as to my character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding my criminal history from various states, public records, social search, verification of education, and employment history. These reports may be obtained at any time after receipt of my authorization and, if I am hired, throughout my employment as permitted by law. Upon written request from me, the Company will provide me with additional information concerning the nature of the scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary as specified by my "employment contract". Full-time employee health benefit plans include a 90-day probationary period from my date of hire to begin coverage.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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This Company is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.