

Our organization operates under a "zero tolerance" work place policy, free from all substance abuse.

We operate as an **equal opportunity employer** and will not **unlawfully discriminate** on the basis of race, color, sex, religion, national origin, age, marital or veteran status, height, weight, the presence of a medical condition or disability, or other characteristics protected by law.

Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. **Handicap employees and applicants may request accommodation of their handicap** by notifying the Organization in writing of their need for accommodation within 182 days of hire. Failure to properly notify the Organization may preclude any claim that the employer failed to accommodate the employee/applicant request.

Your interest in our Organization is appreciated and we assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgement, best meets our needs and your qualifications. **You must complete the entire application to be considered for employment.**

PERSONAL

Name _____
 (Last) (First) (Middle) Date of Application

Address _____
 (Number) (Street) (City) (State) (Zipcode)

Telephone Number (_____) Best time to call _____ |_|_|_|_|_|_|_|
 Social Security Number

Have you ever been employed by this Organization? Yes No If Yes, When? _____

Have you previously submitted an application under your current name or a different name? Yes No

If Yes, when and under what name did you apply? _____

Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please list age _____	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

DESIRED EMPLOYMENT

Do you prefer : Full Time Part Time Other

Position(s) applied for _____

If part time or other, please specify hours and days
 Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Salary desired for position \$ _____ Date available to begin _____

How did you hear about us?
Walk-in Newspaper Television Solicitation Other _____

WORK HISTORY Complete the following in chronological order, beginning with your most recent employment.

Employer:	Hourly Rate/Salary	Work responsibilities:
Address:	starting final	
Job title:	Date employed	
Supervisor:	beginning end	
Reason for leaving:		

Employer:	Hourly Rate/Salary	Work responsibilities:
Address:	starting final	
Job title:	Date employed	
Supervisor:	beginning end	
Reason for leaving:		

Employer:	Hourly Rate/Salary	Work responsibilities:
Address:	starting final	
Job title:	Date employed	
Supervisor:	beginning end	
Reason for leaving:		

If you are currently working, may we contact your current employer? Yes No

REFERENCES

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
Phone number (____)	Phone number (____)	Phone number (____)
Number of years known: _____	Number of years known: _____	Number of years known: _____
<input type="checkbox"/> personal <input type="checkbox"/> professional	<input type="checkbox"/> personal <input type="checkbox"/> professional	<input type="checkbox"/> personal <input type="checkbox"/> professional

EDUCATION

High School	Name Location	Years Completed 1 2 3 4	Diploma/Degree	Courses of Study
College	Name Location	Years Completed 1 2 3 4	Diploma/Degree	Courses of Study
Graduate	Name Location	Years Completed 1 2 3 4	Diploma/Degree	Courses of Study
Vocational and/or Certification	Name Location	Years Completed 1 2 3 4	Diploma/Certification	Courses of Study

CRIMINAL RECORD

Have you been **convicted** of a felony or misdemeanor crime? Yes No

If the answer to any of these question is yes, give details including date, location(city/town), nature of offense(s) and disposition.

A conviction record will not necessarily preclude you from an offer of employment.

ADDITIONAL INFORMATION

Military Service Record

Are you a United States Veteran? Yes No If yes, please list experience and special education received in the military: _____

Are you currently in the reserves? Yes No

General Information

Are you able to be bonded? Yes No

If hired, do you have reliable transportation to and from work? Yes No

Do you have any friends or relatives working here? Yes No If yes, please list name(s)

Agreement and Acknowledgement

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions, whether oral or written, may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment history, including discipline and attendance records, and agree to cooperate in such investigation. I consent to and release from all liability and responsibility all persons and corporations requesting or supplying such information and waive my right to notice of such disclosure.

I give my consent to Traverse Anesthesia Associates, P.C., through an authorized testing service of its choice, to collect blood, tissue, urine or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. Further, I give my consent for the release of the test results and other relevant medical information to authorized Traverse Anesthesia Associates, P.C. management members for appropriate review. If I am accepted for employment by Traverse Anesthesia Associates, P.C., I consent to be tested in the above manner during my employment when, in the Company's judgement, such testing is appropriate. I acknowledge that remaining free of illegal drugs and complying with Traverse Anesthesia Associates, P.C.'s substance abuse policy is a condition of my employment.

Should I receive an offer of employment, I agree to submit to any physical or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to Traverse Anesthesia Associates, P.C.

I also agree to permit the Company to conduct any other background investigation procedure, it deems appropriate with respect to my Application and in the event of hire, or while employed.

I understand that if I have a protected disability that affects my ability to apply for a position with Traverse Anesthesia Associates, P.C. or to perform the job I seek, I may ask Traverse Anesthesia Associates, P.C. to attempt to make a reasonable accommodation for it. I must let Traverse Anesthesia Associates, P.C. know about the need for my accommodation as soon as possible.

I understand that either party may terminate the employment relationship, with or without cause, at any time, for any reason, and further agree that this arrangement may only be altered in writing directed to me personally and signed by the Owner of Traverse Anesthesia Associates, P.C.. I agree that I shall be bound by the rules, policies, regulations, terms and conditions of employment of Traverse Anesthesia Associates, P.C. as they are from time to time changed, and no additional obligations can be imposed on Traverse Anesthesia Associates, P.C. except those which have been acknowledged in writing, by the Owner of Traverse Anesthesia Associates, P.C. or their designated representatives.

I hereby authorize Traverse Anesthesia Associates, P.C. to deduct from each and every pay period any amounts necessary to offset damages caused by me or the value of property or money trusted to me, or owed by me to Traverse Anesthesia Associates, P.C. during the course of my employment.

I further agree that if I should bring any legal action or claim out of my employment against Traverse Anesthesia Associates, P.C. in which Traverse Anesthesia Associates, P.C. prevails, I will pay to Traverse Anesthesia Associates, P.C. any and all costs incurred by Traverse Anesthesia Associates, P.C. in defense of said claims or actions, including but not limited to attorney fees and court costs.

Applicant signature

Date

Print name

Reference Check (Office Use Only)

- | | |
|-----|-------|
| (1) | _____ |
| (2) | _____ |
| (3) | _____ |