



REVIVE MEDICAL SPA LLC

EMPLOYMENT APPLICATION

Name: _____ Social Security Number: _____

Address: _____ Email: _____

City: _____ State: _____ Zip/Postal Code: _____

Home Phone (_____) _____ Business Phone (_____) _____

Position Applied for _____

Date available for employment _____ Salary Desired: Per hour _____ Per Year: _____

Maximum hours you are willing to work per week: _____ Minimum hours needed to work per week: _____

Are you willing to work: YES NO

Overtime (Over 40 hrs/wk) _____

Weekend's (Saturdays) _____

Evening's _____

Satellite office _____

Are you applying for Full time Part time Temporary

How were you referred to this organization? _____

Do you have any relatives working for this organization? Yes No

If yes, name _____ Relationship _____

Have you ever been employed by this organization? Yes No

If yes, position _____ Department _____ from _____ to _____

Do you have adequate transportation? Yes No

Can you perform the required job functions, tasks, and/or duties, with or without accommodation? Yes No

Can you satisfy the physical requirements of the job? Yes No

Are you willing to provide necessary documentation to establish your identity and your authorization to work in the United States under the Immigration Reform Control Act of 1986? Yes No

Have you ever been convicted of a misdemeanor or felony? (Note: Convictions will not necessarily bar you from employment but are reviewed as related to the relevancy of the job for which you applied for) Yes No

If yes, please explain _____

(Background checks will be performed on all prospective employees)

School Name and Address	Courses of Study	Circle last Year Completed	Did you graduate?	Diploma/Degree
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High School

College

Technical, Business or Professional

Professional licenses/Certifications

Type	State	Exp/Date	Registration Number
_____	_____	_____	_____
_____	_____	_____	_____

CPR Certification Yes No Expiration Date: _____



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Please list name, address, and phone number of previous employers with most recent employer first. Periods of unemployment should be included.

Job Title _____ from: _____ to: _____

Immediate Supervisor: _____ Last Salary: _____

Employer name, address, and phone number

Duties _____

Reason for leaving _____

Job Title _____ from: _____ to: _____

Immediate Supervisor: _____ Last Salary: _____

Employer name, address, and phone number

Duties _____

Reason for leaving _____

Job Title _____ from: _____ to: _____

Immediate Supervisor: _____ Last Salary: _____

Employer name, address, and phone number

Duties _____

Reason for leaving _____

May we run a background check from the employers listed above? Yes No

Is any additional information relative to change in name necessary to check your work history? Yes No

If yes, please explain _____

Please list references (**supervisor or coworkers only**) to contact who are acquainted with your work history (**No personal references**)

Name	Relation (to applicant)	Company/Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, publications, seminars, etc.

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of the employer or myself. I understand that no management official of the employer other than the chief executive office of the employer has the authority to enter any agreement contrary to the foregoing or to make any oral assurance of promise of continued employment to me.

I authorize person, schools, my current employer (if applicable), and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

Signature

Date