



## APPLICATION FOR EMPLOYMENT

InnoVision Practice Group, P.A., is an Equal Opportunity Employer and will not discriminate in the hiring process on the basis of sex, religion, race, color, age, national origin, ancestry, disability or veteran status or any other basis protected by federal, state, or local law.

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

List other name(s) under which you were employed \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

Only U.S. citizens and aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity?  Yes  No

Have you ever been convicted of a crime or plead "guilty" to a criminal charge?  Yes  No If yes, please specify what the offense was, where and when it occurred: \_\_\_\_\_

(Criminal convictions are not an absolute bar to employment and will only be considered in relation to job requirements.)

Have you taken illegal drugs in the last 30 days?  Yes  No

Have you ever worked for InnoVision before?  Yes  No

If any relatives are employed by InnoVision, please list below:

Name	Position / Location(s)	Relationship
_____	_____	_____
_____	_____	_____

### EMPLOYMENT INTEREST

Position Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Date available for employment: \_\_\_\_\_ Schedule desired:  Full Time  Part Time

Can you work overtime if required?  Yes  No Can you work weekends if required?  Yes  No

### EDUCATION AND TRAINING

School	Name & Address of School	Course of Study	Last Year Completed	Did you Graduate?	Grade Avg.
High					
Trade/Business					
College					
Other					
Other special training or skills: _____					
List professional licenses: License No. _____ Type of License _____					
Place of Issue _____ Expiration Date _____					

### EMPLOYMENT HISTORY (List below last three employers, starting with most recent first.)

This section must be completed even if you have attached a resume.

May we contact the employers listed below?     Yes                       No

If no, indicate which: \_\_\_\_\_

<b>Employer Name:</b>		<b>Employed (state Month and Year):</b> From : _____ To: _____	
<b>Address:</b>	<b>Telephone #:</b>	<b>Rate of Pay:</b>	
<b>State Job Title and Describe Your Work:</b>		<b>Reason for Leaving:</b>	
<b>Supervisor's Name:</b>			

<b>Employer Name:</b>		<b>Employed (state Month and Year):</b> From : _____ To: _____	
<b>Address:</b>	<b>Telephone #:</b>	<b>Rate of Pay:</b>	
<b>State Job Title and Describe Your Work:</b>		<b>Reason for Leaving:</b>	
<b>Supervisor's Name:</b>			

<b>Employer Name:</b>		<b>Employed (state Month and Year):</b> From : _____ To: _____	
<b>Address:</b>	<b>Telephone #:</b>	<b>Rate of Pay:</b>	
<b>State Job Title and Describe Your Work:</b>		<b>Reason for Leaving:</b>	
<b>Supervisor's Name:</b>			

Do you have any commitments to any of these employers that would limit your activities with InnoVision? If yes, please explain. \_\_\_\_\_

InnoVision maintains an "at will" employment relationship with all team members. This doctrine refers to the rights of both the team members and InnoVision to terminate the employment relationship at any time for any reason – with or without advance notice. Except for the President of the Company, no manager, supervisor or other representative of the Company has any authority to agree on behalf of the Company to employ any employee for any specific period of time or on any basis other than an "at-will" basis. I certify that the answers given herein are true and complete and I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. Additionally, if employed, any misrepresentation or omission of facts whenever discovered is cause for immediate discharge. I grant permission to use any information in this application to verify my statements, and I release all involved parties from any and all liability from the investigation and verification of this information.

Signature \_\_\_\_\_

Date \_\_\_\_\_