

NORTHWEST MEDICAL GROUP, INC.
 AN EQUAL OPPORTUNITY EMPLOYER
APPLICATION FOR EMPLOYMENT

FULL TIME
 PART TIME

POSITION DESIRED: _____ **DATE:** _____

PERSONAL DATA

NAME _____ SOCIAL SECURITY NUMBER _____
 (PRINT) LAST FIRST MIDDLE

PRESENT ADDRESS _____
 STREET AND NUMBER CITY STATE ZIP CODE

PHONE NO. _____ **MESSAGE PHONE** _____

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO

Have you ever worked for this Company before? YES NO If yes, please give dates and position: _____

Do you have any friends or relatives working here? YES NO If yes, Name: _____ Relationship _____

Can you, after employment, submit verification of your legal right to work in the United States of America? YES NO

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time, including military service and any period of unemployment. If self employed, give firm name and supply business references. (Add additional page if necessary). For reference checking purposes, indicate other last name(s) used

FROM: MO./YR.	TO: MO./YR.	NAME OF COMPANY
ADDRESS OF COMPANY	CITY ST. ZIP CODE	SUPERVISOR/PHONE NUMBER
YOUR POSITION OR TITLE	SALARY OR RATE: START LAST	
DUTIES	REASON FOR LEAVING	

FROM: MO./YR.	TO: MO./YR.	NAME OF COMPANY		
ADDRESS OF COMPANY	CITY	ST.	ZIP CODE	SUPERVISOR/PHONE NUMBER
YOUR POSITION OR TITLE				SALARY OR RATE: START LAST
DUTIES				REASON FOR LEAVING

FROM: MO./YR.	TO: MO./YR.	NAME OF COMPANY		
ADDRESS OF COMPANY	CITY	ST.	ZIP CODE	SUPERVISOR/PHONE NUMBER
YOUR POSITION OR TITLE				SALARY OR RATE: START LAST
DUTIES				REASON FOR LEAVING

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YOUR POSITION OR TITLE				SALARY OR RATE: START LAST
DUTIES				REASON FOR LEAVING

Please explain fully any gaps in your employment history: _____

May we contact your current employer? YES NO If No, please explain: _____

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged, or sealed by the court? YES NO If yes, describe in full: _____

Are you able to perform the essential functions of the position with or without accommodation? YES NO If you would need accommodation, please describe: _____

PREVIOUS EXPERIENCE

Please indicate any actual experience, special training and qualifications that you have which you feel are relevant to the position for which you are applying.

EDUCATION

SCHOOL NAME	YEARS COMPLETED (CIRCLE)	DIPLOMA/DEGREE	DESCRIBE COURSE OF STUDY OR MAJOR	DESCRIBE SPECIAL TRAINING, EXPERIENCE SKILLS & EXTRA- CURRICULAR ACTIVITIES
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ELEMENTARY	4 5 6 7 8			
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HIGH SCHOOL	9 10 11 12			
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COLLEGE/UNIVERSITY	1 2 3 4			
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GRADUATE/PROFESSIONAL	1 2 3 4			
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TRADE OR CORRESPONDENCE				
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OTHER

PERSONAL REFERENCES

Please list persons who know you well – not previous employers or relatives:

NAME	OCCUPATION	ADDRESS (STREET, CITY & STATE)	PHONE#	NO. OF YEARS KNOWN

APPLICANTS STATEMENT AND AGREEMENT

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. I further understand that although I may be employed for a particular position and shift, it may be necessary to accept different assignments, work schedules or working hours.

If employed, I agree to observe all rules, regulations, policies and procedures as they relate to Northwest Medical Groups', Inc. Employees at all times.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that Northwest Medical Group, Inc. has the right to terminate my employment and/or conditions of employment at any time with or without notice, and I also have the right to terminate my employment at any time. No one other than the President of Northwest Medical Group, Inc. has authority to modify this relationship or make any agreement to the contrary. Any modification must be in writing.

I further understand that Northwest Medical Group, Inc. may contact my previous employers and I authorize those employers to disclose to Northwest Medical Group, Inc. all records and other information pertinent to my employment with them. I also authorize Northwest Medical Group, Inc. to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I agree that in the event there is any dispute arising out of my employment with, my seeking employment with, or my separation from Northwest Medical Group, Inc. that would require or allow resort to any court, regardless of the kind or type of dispute, including, but not limited to claims of discrimination and harassment, such dispute shall be submitted exclusively to final and binding arbitration pursuant to the provisions of the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec. 1280 et seq.) **I understand that by agreeing to this binding arbitration provision, both I and Northwest Medical Group, Inc. give up our rights to a trial by jury.**

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

DATE

SIGNATURE OF APPLICANT