



"Your Caring Connection"

APPLICATION FOR EMPLOYMENT

Sweet Medical Center, Inc. is an Equal Opportunity Employer.

Personal Information

Last Name, First Name	Social Security Number
Mailing Address	City, State, Zip Code
Phone Number	Email address

Employment Desired

Position	Date you can start	Salary desired
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Education History

Name and Location of School	When Attended	Did you graduate?	Subjects Studied	Degree Awarded

Additional Training or Skills

Employment History

Dates of Employment	Name/Address of Employer	Salary	Position	Reason for Leaving

References

Please list three persons who are not related to you, and whom you have known at least one year.

Name	Address	Phone #	Business	#Years Known

Authorization

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained in this application and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Date: _____ Signature: _____