

Solace Medical, LLC



EMPLOYMENT  
APPLICATION



College/University			
Vocational, Business, Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

*For Clerical Applicants Only:*

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, WPM:
Computer Skills (Hardware/Software)

## EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Initials: \_\_\_\_\_

Revised: 01-28-2011

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Duties & Responsibilities			

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## GENERAL

YesNo

- May we contact your current employer for references?
- If hired, will you be able to work overtime? (Salaried Employees are required to work over scheduled hours to complete daily work if need be.)
- Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court?

## CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by Solace Medical, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize Solace Medical to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Solace Medical and will hold Solace Medical and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize Solace Medical to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with Solace Medical is intended to create an employment contract between myself and Solace Medical under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired; my employment will be terminable at will and may be terminated by me or Solace Medical at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Initials: \_\_\_\_\_

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