

ABAY NEUROSCIENCE CENTER, LLC

APPLICATION FOR EMPLOYMENT

Please Print All Information

LAST NAME: _____		FIRST NAME: _____		MIDDLE NAME: _____	DATE: _____
ADDRESS: NUMBER	STREET	CITY	STATE	ZIP CODE	

TELEPHONE NUMBER(S):	() _____	SOCIAL SECURITY NUMBER:		_____	
HOW DID YOU HEAR ABOUT US?: <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> FRIEND <input type="checkbox"/> COLLEGE <input type="checkbox"/> WALK-IN <input type="checkbox"/> EMPLOYMENT AGENCY <input type="checkbox"/> GOVT/STATE AGENCY <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER: _____					

Have you ever been employed by us before? YES NO

Are you currently employed? YES NO
 If Yes, Date: _____

May we Contact your present employer? YES NO

Are you 18 Years or Older? YES NO

Are you prevented from lawfully becoming employed in this country due to Visa or Immigration status? (Proof of citizenship or immigration status is required upon employment.) YES NO

You are Available to Work: Full Time Part Time Temporary

Date you can Begin Work: _____

Have you been convicted of a felony within the last seven (7) years?: (Other than a traffic violation.)(Conviction will not necessarily disqualify an applicant from employment.) YES NO

If Yes, Please Explain: _____

EDUCATION:	School/Address:	Credits Earned	Major	Diploma/Degree
High School:				
College:				
Technical/Other:				

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LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT. ALL TIMES MUST BE ACCOUNTED FOR WHETHER EMPLOYED OR NOT. ATTACH AN ADDITIONAL SHEET IF NECESSARY.

NAME AND ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM		TO		HOW WAS POSITION OBTAINED	DESCRIBE IN DETAIL THE WORK YOU DID AND YOUR TITLE	HOURLY START SALARY	HOURLY END SALARY	REASON FOR LEAVING	NAME, TITLE AND PHONE NUMBER OF YOUR SUPERVISOR
	MO	YR	MO	YR						

Describe in Detail any Specialized Training, Computer or Office Equipment Skills, Certifications, Licenses or On-The-Job Training programs you have completed:

Licenses And Certifications:

Please list any licenses or certifications held and the dates obtained: (CDL, Skilled Trade License, etc.)

1: _____ 4: _____
 2: _____ 5: _____
 3: _____ 6: _____

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PERSONAL REFERENCES

Name: _____ Company: _____ Phone: ____/____/____

Address: _____ Relationship: _____

City/ State/ Zip: _____

Name: _____ Company: _____ Phone: ____/____/____

Address: _____ Relationship: _____

City/ State/ Zip: _____

Name: _____ Company: _____ Phone: ____/____/____

Address: _____ Relationship: _____

City/ State/ Zip: _____

SIGNATURE OF APPLICANT:

DATE:

	ABAY NEUROSCIENCE CENTER, LLC	
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APPLICANT'S STATEMENT and CONDITIONS OF EMPLOYMENT

(Please read carefully before signing.)

"I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit and indebtedness may be obtained prior to any final offer of employment. Upon timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me."

"I certify that the answers given by me in this employment application are true, correct and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing the company's prescribed physical examination and drug screen."

"I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept or urinalysis test if requested and paid for by the company I further agree to the search or examination of myself or personal property while on the company's premises or while conducting its business elsewhere, I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics whatsoever, together with any information they have regarding me whether or not it is in their records. I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me."

"In the event of employment, I will comply with all company rules and regulations as established from time to time including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, since the company does not offer contracts of employment (unless signed by the President), I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time and likewise, the company has the same right."

"I hereby understand and acknowledge that any employment relationship with this Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that Abay Neuroscience Center, LLC. retains the right to amend, modify, add or delete any or all policies or procedures at its sole and absolute discretion."

"During my employment with Abay Neuroscience Center, LLC. and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that with respect to any civil litigation involving Abay Neuroscience Center, LLC. in which I am a potential witness and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Abay Neuroscience Center, LLC. or unless a representative or attorney of Abay Neuroscience Center, LLC. is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions."

This application is valid for sixty days from the application date unless renewed in person or in writing.

SIGNATURE OF APPLICANT: _____ **DATE:** ____/____/____