

	Name and Location of School	No. of Years Attended	Did You Graduate?	Subject/Major
Elementary School				
High School				
College				
Specialized Training				

Do you have U.S. Military experience? _____ Date Entered: _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation? _____ No _____
Yes

If so, please state citation, date and place where offense occurred.

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

Name	Address and Telephone	Relationship	Years Acquainted

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS.

- 1. Certification of Truthfulness:** I certify that all of my statements in the Application for Employment (and in any materials I have submitted in support of my Application) are true and complete. I understand and agree that if CAAPC should determine that any of my statements are false or misleading or that I omitted any requested information, CAAPC may disqualify me from further consideration or terminate my employment.
- 2. Employment at Will:** I agree that if I am hired by CAAPC I will comply with all rules, regulations, policies, and communications directed to CAAPC employees in my position, including any changes made from time to time. I understand that my employment with CAAPC will be at will, which means that either I or CAAPC may terminate the employment relationship at any time, with or without reason or cause.
- 3. Drug Testing:** I agree to provide CAAPC with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.
- 4. Medical Exam:** I understand that any job offer by CAAPC will be conditioned on my satisfactory completion of a post-offer medical exam.
- 5. Limitation on Claims:** I agree that any claim or suit that relates to my application, my employment with, or my separation from CAAPC, must be brought within the following time limits or be forever barred: (1) for suits requiring a Notice of Right to Sue from the US EEOC, within 90 days after EEOC issues that Notice; or (2) for all other suits, within the shorter of (a) 180 days after the events giving rise to the claim, or (b) the time limit specified by statute. I waive any statute of limitations that exceeds this time limit. I also waive any right to trial by jury, and agree that any claim or suit will be heard and decided by a judge and not a jury.
- 6. Terms of Employment:** I agree to the above terms. I understand and agree that these terms can be revised only by a contract signed by the President or Executive Director of CAAPC, and that no other representative of CAAPC has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of CAAPC are subject to exception or change at any time as decided by CAAPC in its sole discretion.

By signing below, I acknowledge that I have read the Application and this Certification and Agreement, I understand their terms, and I have signed them knowingly and voluntarily.

Date: _____

Signature _____

CAPITAL AREA ANESTHESIA, P.C

**AUTHORIZATION AND WAIVER FOR
RELEASE OF INFORMATION**

This authorization and waiver is part of my written application for employment with Capital Area Anesthesia, P.C. ("CAAPC").

I authorize all employers and educational institutions where I am or have been employed or enrolled, and all law enforcement agencies, to disclose and provide to CAAPC any and all records and information in their possession about my employment or education (including disciplinary and other matters), personal background, and criminal proceedings. I authorize all educational institutions I have attended to disclose and provide to CAAPC any and all records and information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I authorize all licensing or credentialing organizations and agencies to disclose and provide to CAAPC any information regarding my professional or occupational licensing, training, employment, or motor vehicle licensing and record.

I waive any right to receive written or other notice from any such party of their disclosure or delivery of any information or documents to CAAPC, including but not limited to any rights to receive notice under Michigan's Bullard-Plawecki Employee-Right-To-Know Act or the federal Family Educational Rights and Privacy Act.

In exchange for their production of information and records to CAAPC, I waive and release all of my prior employers, all educational institutions, all law enforcement agencies, and all other organizations or agencies described above, from any liability or claim arising from or related to their disclosure and production of information or records to CAAPC, the content of such information or records, or any employment decisions made by CAAPC based on such information or records. I intend that this waiver and release will apply even if I believe that any of the information or records disclosed or provided to CAAPC contain statements, information or options that I consider to be false or erroneous.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Name _____
(Please Print)

Signature _____ Date _____

Signature

Date

* Employers specifically excepted: _____

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: ____ Yes ____ No

Starting Date: _____ Position: _____ Wage: _____