



## EMPLOYMENT HISTORY

GIVE EMPLOYMENT RECORD AS COMPLETELY AS POSSIBLE, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENTS ON EACH PERIOD. INCLUDE PART-TIME, VOLUNTEER AND / OR SEASONAL WORK. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION.

|                       |                         |                  |   |
|-----------------------|-------------------------|------------------|---|
| COMPANY NAME          | CITY, STATE             | TELEPHONE        | DATES EMPLOYED (MONTH/YEAR)<br>FROM _____ TO _____  |
| JOB TITLE             | SUPERVISOR'S NAME/TITLE | TYPE OF BUSINESS | BASE RATE OF PAY (HR. WEEK MONTH)<br>START _____ END _____                                |
| DESCRIPTION OF DUTIES |                         |                  | REASON FOR LEAVING?   |
|                       |                         |                  | MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMPANY NAME          | CITY, STATE             | TELEPHONE        | DATES EMPLOYED (MONTH/YEAR)<br>FROM _____ TO _____  |
| JOB TITLE             | SUPERVISOR'S NAME/TITLE | TYPE OF BUSINESS | BASE RATE OF PAY (HR. WEEK MONTH)<br>START _____ END _____                                |
| DESCRIPTION OF DUTIES |                         |                  | REASON FOR LEAVING?   |
|                       |                         |                  | MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMPANY NAME          | CITY, STATE             | TELEPHONE        | DATES EMPLOYED (MONTH/YEAR)<br>FROM _____ TO _____  |
| JOB TITLE             | SUPERVISOR'S NAME/TITLE | TYPE OF BUSINESS | BASE RATE OF PAY (HR. WEEK MONTH)<br>START _____ END _____                                |
| DESCRIPTION OF DUTIES |                         |                  | REASON FOR LEAVING?   |
|                       |                         |                  | MAY WE CONTACT THIS EMPLOYER?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

Make any comments you feel are pertinent to your application \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACKNOWLEDGEMENT

1. I understand that as a condition of employment I may be required at any time to undergo physical and/or psychological examinations (including blood, urine, breath and other laboratory tests for drugs or alcohol or other legitimate reasons) concerning my ability to perform any job safely or efficiently. If I am required to undergo any examinations or tests, I understand that I will be required to authorize all health care providers who examine or test me to disclose to Pinnacle Medical Group, L.P. and other related entities, or any of its agents, representatives and employees, including but not limited to, attorneys, all medical information revealed during such examinations or tests. I further understand that if I refuse to consent to such examinations or tests, or to authorize the release of the medical information resulting therefrom, I will be subject to disciplinary action, up to and including, termination of employment.

2. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, in my dismissal from employment. I hereby authorize Pinnacle Medical Group, L.P. and other related entities to thoroughly investigate my references, work record, credit record if applicable, education and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other person, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

3. I understand this employment application is not to be construed as a guarantee of employment for a specific time. I further understand that my employment with the organization does not constitute any form of contract, implied or expressed. I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without cause, at the option of either myself or Pinnacle Medical Group, L.P. and other related entities, and that no promises or representations contrary to the foregoing are binding on the company. My continued employment is dependent on satisfactory performance and the continued need for my services as determined by the company.

4. I understand that my application for employment will be placed in an active status for a period of 6 months during which time it will be reviewed as job openings occur in my area (s) of job interest. I also understand that should I wish to continue being considered for job openings beyond the 6 month period, I must reapply by submitting a new application for employment.

5. I understand that proof of identity and right to work in the United States will be required within the first three days of employment with Pinnacle Medical Group, L.P. and other related entities. This information is required for continued employment.

6. I acknowledge that I have read all of the above statements and that I understand them.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_