



**PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)**

COMPANY NAME #1 / TYPE OF BUSINESS		YOUR POSITION and TITLE	
ADDRESS		SUPERVISOR'S NAME, POSITION and DEPARTMENT	
WEBSITE		SUPERVISOR'S TELEPHONE NUMBER	
FROM  _____	TO  _____	STARTING SALARY	ENDING SALARY
MONTH YEAR	MONTH YEAR		
TERMINATION	REASON	TELEPHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR?
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>			

COMPANY NAME #2 / TYPE OF BUSINESS		YOUR POSITION and TITLE	
ADDRESS		SUPERVISOR'S NAME, POSITION and DEPARTMENT	
WEBSITE		SUPERVISOR'S TELEPHONE NUMBER	
FROM  _____	TO  _____	STARTING SALARY	ENDING SALARY
MONTH YEAR	MONTH YEAR		
TERMINATION	REASON	TELEPHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR?
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>			

COMPANY NAME #3 / TYPE OF BUSINESS		YOUR POSITION and TITLE	
ADDRESS		SUPERVISOR'S NAME, POSITION and DEPARTMENT	
WEBSITE		SUPERVISOR'S TELEPHONE NUMBER	
FROM	TO	STARTING SALARY	ENDING SALARY
_____	_____		
MONTH    YEAR	MONTH    YEAR		
TERMINATION	REASON	TELEPHONE NUMBER	MAY WE CONTACT YOUR SUPERVISOR?
BRIEFLY DESCRIBE YOUR <u>MAJOR DUTIES</u>			

**EDUCATION**

DID YOU GRADUATE HIGHSCHOOL OR RECEIVED A GRADUATE EQUIVALENT DEGREE?			YES		NO
<b>SCHOOL NAME</b>	<b>FIELD(S) OF STUDY</b>	<b>DID YOU GRADUATE?</b>		<b>TYPE OF DEGREE OR CERTIFICATE</b>	
COLLEGE					
COLLEGE OR GRADUATE					
OTHER EDUCATION					

**PROFESSIONAL DESIGNATIONS:**

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

**PROFESSIONAL LICENSES:**

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

**REFERENCES: Please list three professional references**

NAME	RELATIONSHIP	COMPANY	PHONE/EMAIL

**PLEASE ATTACH A COPY OF RESUME**

**PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION**

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with The Personal Wellness Center in the position I am seeking.

***I understand that this application is not an employment contract for any specific length of time between the Personal Wellness Center and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Personal Wellness Center to its employees is intended to or can create an employment contract, an offer of employment or any obligation on the Personal Wellness Center's part. The Personal Wellness Center may, at its sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting its employees.***

References: I hereby authorize the Personal Wellness Center and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the Personal Wellness Center and each client to whom I may be assigned which will require the client to pay a fee to the Personal Wellness Center. In the event that I accept direct employment with the client, I agree to notify the Personal Wellness Center immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

For Maryland Applicants: **Polygraph Notification and Acknowledgement**

Under Maryland law, an employer may not require or demand as a condition of employment, prospective employment or continued employment, that an individual submit to or take a lie detector or similar test. Any employer who violates this provision is guilty of a misdemeanor and is subject to a fine not to exceed \$100.

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED:** \_\_\_\_\_