

Employment Application

Aspire Medical Weight Control

19353 Soledad Canyon Rd.
Canyon Country, CA 91351

Aspire Medical Weight Control is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

(PLEASE PRINT IN INK)

Position(s) Applied For		Date of Application	
Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number	Alternate Number	Social Security Number (If available)	
How Did You Hear About Us?			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Current Employee _____			
<input type="checkbox"/> Other _____			

Are you legally eligible to work in the United States? YES NO
(Proof of eligibility will be required upon offer of employment)

Are you over the age of 18 years? YES NO
(If no, you may be required to provide authorization)

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask the interviewer before answering this question.)* YES NO

Have you ever applied to Aspire Medical Weight Control before? YES NO
(If yes, please give date.) _____

Have you ever worked for Aspire Medical Weight Control before? YES NO
(If yes, please give date.) _____

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Have you ever been convicted of a felony?
(A conviction will not necessarily disqualify you.)

YES NO

If yes, please explain: _____

Do you have a valid driver's license? *(For driving positions only.)*

YES NO

Have you been convicted of any moving violations in the past five years?

YES NO

If yes, please explain: _____

Is anyone related to you employed by Aspire Medical Weight Control?

YES NO

If yes, please give their name and relationship to you. _____

What salary or rate of pay do you expect to receive if employed? _____ per _____

Have you ever been fired or asked to resign from a job?

YES NO

If yes, please explain. _____

On what date would you be available to work? _____

Days and Hours Available: (If employed, I will notify my supervisor in writing, should my availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

EDUCATION

	Name and Location of School	Course of Study or Major	# of Years Completed	Diploma/Degree
Elementary				
High School				
College				
Graduate				
Vocational				

Please list any academic honors, scholarships, offices held, etc. *(Do not list any which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status.)*

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Describe any specialized training, apprenticeships, licenses or skills.

Have you received any job-related training in the United States Military? YES NO

Please give dates and explanation:

EMPLOYMENT HISTORY *(Begin with current or most recent employer.) Do not exclude any employment. Include any applicable temporary employment attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at Aspire Medical Weight Control.)*

Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			
Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			
Company Name	Employment Dates From To	Salary Start End	Name and Title of Supervisor
Address		\$ \$	
	Describe your duties:		
Phone			
Reason for leaving and explanation			

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Please provide any other information that you feel will help us in considering your application for employment.

REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)

Name	Address	Phone Number	Relationship / Occupation	Years Known

APPLICANT ACKNOWLEDGEMENT AND AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Aspire Medical Weight Control that such employment with Aspire Medical Weight Control is at will, for no specified duration and may be terminated by either Aspire Medical Weight Control or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Aspire Medical Weight Control or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that only the CEO, or other authorized agent assigned by the CEO has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the an authorized agent of Aspire Medical Weight Control.

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In consideration for employment with Aspire Medical Weight Control, if employed, I agree to conform to the rules, regulations, policies and procedures of Aspire Medical Weight Control at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Aspire Medical Weight Control's business, attendance and punctuality are considered essential requirements of every job at Aspire Medical Weight Control and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Aspire Medical Weight Control, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to Aspire Medical Weight Control and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Name and number of person completing this form if other than applicant:

Aspire Medical Weight Control IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.