



APPLICATION FOR EMPLOYMENT

SportsMedicine of Atlanta is an equal opportunity employer. Discrimination because of sex, race, color, religion, or national origin is prohibited by the Civil Rights Act of 1964. Discrimination because of age is prohibited by the Age Discrimination in Employment Act of 1967. Discrimination because of handicap is prohibited by Section 504 of the Rehabilitation Act of 1973.

PERSONAL HISTORY							DATE PREPARED
Applicant Name		Social Security No.		Present Address (Include: City, State, Zip)		Home Phone	
If you are NOT a U.S. Citizen, have you the legal right to remain permanently in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		List names of relatives employed by MSRA, Inc. and MWA, Inc		Referred By	
Position Applied For/Specialty Preferred	Have you applied before? If yes, when?	Expected Wage/Salary \$ PER	Date available for work	<input type="checkbox"/> Full Time <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/> Premium Pool		Shift <input type="checkbox"/> Day <input type="checkbox"/> Rotating <input type="checkbox"/> Night <input type="checkbox"/> Evening	
Are you willing to work holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	Weekends <input type="checkbox"/> YES <input type="checkbox"/> NO	Is there any reason why you would be unable to perform or to perform safely any of the duties of the position for which you are applying? If YES, please explain <input type="checkbox"/> YES <input type="checkbox"/> NO					
Have you every been arrested or convicted of a crime, excluding misdemeanor and traffic offenses. If yes, please explain. <input type="checkbox"/> YES <input type="checkbox"/> NO			Have you ever received Worker's Compensation? If YES, when? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EDUCATION HISTORY

TYPE OF SCHOOL	NAME OF SCHOOL	LAST YEAR ATTENDED	GRADUATED		DEGREE/CERTIFICATE	DATE	GPA	List ANY professional licenses you possess. Indicate type of license, number, and state.
	CITY AND STATE		YES	NO				
Elementary								
High School								
College or Nursing								
College								
Graduate School							Attending school now? If YES, please list course of study.	
Business or Trade School							<input type="checkbox"/> YES <input type="checkbox"/> NO	
Special Training							Anticipated Graduation Date	

WORK HISTORY

FORMER EMPLOYER NAME & LOCATION	EMPLOYMENT DATES		JOB RESPONSIBILITIES/TITLE	REASON FOR LEAVING	SUPERVISOR NAME	
	FROM	TO			SALARY HISTORY	
	Mo Yr	Mo Yr				
				Contact Present Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	Start \$ PER	End \$ PER
	Mo Yr	Mo Yr				
					Start \$ PER	End \$ PER
	Mo Yr	Mo Yr				
					Start \$ PER	End \$ PER

Have you ever been unemployed at any time since leaving school? If YES, please give cases & explain.
 YES NO

CLERICAL	Typing Speed WPM	Shorthand Speed WPM	Oper. Dictating Equip? <input type="checkbox"/> YES <input type="checkbox"/> NO	Please describe additional office equipment/computer or clerical skills.
US MILITARY	Branch	Date of Discharge	Specialty	

PLEASE REVIEW AND SIGN BELOW: The information given by me is certified to be true and complete for all practical purposes. It may be verified by SportsMedicine of Atlanta. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that SportsMedicine of Atlanta is relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse. I understand that my employment may be dependent upon my passing a physical examination at Company Expense.

NOTICE: Under the Fair Credit Reporting Act (Public Law 91-508) you are advised that an investigative consumer report may be requested for applicable information concerning your character, general reputation, personal characteristics, and financial responsibility. Such report would be sought through prior employers, educational institutions, appropriate law enforcement agencies, and/or credit reporting companies. Within a reasonable time, and upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

RELEASE: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all education institutions attended to release an official copy of my transcript and, if available, faculty appraisals.

Applicant Signature	Date
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DO NOT WRITE IN THIS AREA	<input type="checkbox"/> Recommend Employment	<input type="checkbox"/> References Sent and Dates	TO BE COMPLETED ONLY IF HIRED		
	<input type="checkbox"/> Check References and Refer Again	<input type="checkbox"/> Determined Not Qualified	<input type="checkbox"/> Full Time	Position	
	<input type="checkbox"/> Hold for Future Opening	<input type="checkbox"/> Hold for Future Opening	<input type="checkbox"/> Part Time		
	<input type="checkbox"/> Not Qualified for Opening	<input type="checkbox"/> Referred to Department	Start Date	Salary	Shift
	Comments	Comments	FTE	Replacing	
		Signature		Date	