



**Present Employer:** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Contact: Yes  No

Compensation: Beginning \_\_\_\_\_ Ending \_\_\_\_\_ Reason want to Leave: \_\_\_\_\_

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Compensation: Beginning \_\_\_\_\_ Ending \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Compensation: Beginning \_\_\_\_\_ Ending \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that all the information on this application, my resume, and any supporting documents is correct, and I understand that any misrepresentation or omission of any information will result in disqualification from consideration for employment or, if employed, my termination.

I understand that this application is not a contract, offer, or promise of employment. If hired, I will be able to resign at any time for any reason. Likewise, the Company can terminate my employment at any time, with or without any reason.

I understand that this Employment Application will be considered for the position specified on page one only. Consideration for any other and/or future positions requires submission of a separate application. Further, I understand it is the policy of the Company to consider applications expired on the thirty-first day after the applicant's signature date. Consideration for future positions will require me to submit a new Employment Application.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Waivers and Disclosures**  
**Please read each section below carefully and initial where indicated**

**At-Will Employment**

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

Initial: \_\_\_\_\_

**Certification of Truth and Accuracy**

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment and/or discharge.

Initial: \_\_\_\_\_

**Notification and Authorization to Require a Medical Examination**

I hereby certify that, if hired, I will disclose any limitations I have that may impact my ability to do my job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the Company's designated health practitioner.

Initial: \_\_\_\_\_

**Notification and Authorization to Conduct Background and Credit Investigation**

I understand that I may be subject to a background check and credit investigation, and hereby authorize Human Assets, as an Agent for Plastikos Plastic and Reconstructive Surgery and affiliates, to investigate my background to determine any and all information of concern as to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information in good faith.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records, and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and for any future reports and updates that may be required.

I understand that passing the above mentioned checks is a condition of employment. A negative check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

Initial: \_\_\_\_\_

**Policy on Non-Discrimination**

Plastikos Plastic and Reconstructive Surgery, Plastikos Surgery Center, Millennium Healthcare, and Avatar Industries ("The Company") are committed to the principle of equal opportunity in employment. The Company does not discriminate on the basis of sex, race, color, creed, national origin, age, religion, sexual orientation, gender identity, gender expression, veteran status, or disability in access to, treatment in, or employment in its programs and activities.

The following person has been designated to handle inquiries regarding the Company's nondiscrimination policies: Director – Human Resources. 4370 Georgetown Square, Atlanta, Georgia 30338. Inquiries concerning the application of non-discrimination policies may also be referred to the Practice Administrator at the same address.

Initial: \_\_\_\_\_

PRINTED NAME:

SIGNATURE:

\_\_\_\_\_

\_\_\_\_\_

DATE:

\_\_\_\_\_