



Plastikos Plastic & Reconstructive Surgery
Plastikos Surgery Center
Millennium Healthcare
Avatar Industries

4370 Georgetown Square
 Atlanta, GA 30338
 (770) 457-4677 (Tel.)
 (770) 457-4428 (Fax)

www.plastikos.com
www.millennium-healthcare.com
www.templeofhealth.ws



EMPLOYMENT APPLICATION

An Equal Employment Opportunity Employer

This application must be completed in its entirety. **Partial or incomplete applications may be cause for eliminating an applicant from consideration.** All statements made on the application are subject to verification. False statements or omissions to this application may be grounds for disqualification or employment termination. Applicants will be considered without discrimination because of race, color, sex, age, religion, national origin, marital status, disability, veteran's status, or other legally protected status.

POSITION APPLYING FOR: _____ **DESIRED SALARY \$** _____

NAME (Print) _____
 Last First Middle Preferred or Nick Name

ADDRESS _____
 Street City State Zip

Telephone: () _____ () _____ () _____
 Home Work Cell

Social Security Number _____ E-mail: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES NO

ARE YOU 18 YEARS OF AGE OR OLDER? YES NO If NO, please state your age: _____

ARE YOU SEEKING: FULL-TIME OR PART-TIME WORK?

DATE AVAILABLE TO BEGIN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR FIRST DEGREE MISDEMEANOR? YES NO
 If YES, state the nature of the offense and the date the event took place: _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATIONS? YES NO Reasonable accommodations may be provided to qualified individuals with disabilities in accordance with the Americans with Disabilities Act (ADA) and applicable state and local laws.

EDUCATION	School Name and Location	Course of Study	Graduate?	Years Attended	Degree/Diploma
High School					
College					
Post-Graduate					
Bus/Tech/Trade					

(over)

List any professional or occupational license, registration, or certifications you currently hold and year acquired. List any specialized knowledge, skills, or abilities you possess. _____

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.

Signature of Applicant

Date



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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.

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: