

**Skylight Doctors
Employment Application**

Name _____ Date: _____
Last First Middle

Present address _____ Date of Birth: _____
Number Street City State Zip

e-mail _____ Social Security No. _____

Home Phone _____ Cell Phone _____

US Citizen? Yes No Are you able to travel out of State? Yes No

Married? Yes No If Married, How Long? _____ Single Separated Divorced Widowed

Ethnicity? _____ American Indian _____ Asian _____ Black _____ Hispanic _____ White _____ Other: _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	MAJOR & DEGREE	YEARS
High School				
College				
Bus. or Trade School				

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Do you have a driver's license? Yes No Driver's License # _____ State of issue: _____

Have you had any accidents during the past three years? Yes No How many? _____

Have you had any moving violations during the past three years? Yes No How many? _____

Military			
Have you ever been in the Armed Forces? Yes No			
Specialty:	Date Entered:	Discharge Date:	Type:

References			
Name	Address & Telephone	Business	Years Acquired

Person to be notified in case of emergency	
Primary	
Name _____	Telephone _____
Address _____	Relationship _____
Secondary	
Name _____	Telephone _____
Address _____	Relationship _____

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Employment History							
Employer		Name of last supervisor	Employment Dates		Pay or salary		
Address			From		Start		
City, State, Zip			To		Final		
Phone number		Your last job title					
Reason for leaving (be specific)							
Employer		Name of last supervisor	Employment Dates		Pay or salary		
Address			From		Start		
City, State, Zip			To		Final		
Phone number		Your last job title					
Reason for leaving (be specific)							
Employer		Name of last supervisor	Employment Dates		Pay or salary		
Address			From		Start		
City, State, Zip			To		Final		
Phone number		Your last job title					
Reason for leaving (be specific)							
Employer		Name of last supervisor	Employment Dates		Pay or salary		
Address			From		Start		
City, State, Zip			To		Final		
Phone number		Your last job title					
Reason for leaving (be specific)							
Are you employed now?		Yes	No	May we contact your current employer?		Yes	No

In exchange for the consideration of my job application by McLaughlin Erectors, Inc (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of McLaughlin Erectors, Inc, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and McLaughlin Erectors, Inc may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ Date: _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

1st Interview By: _____

Date of Interview: _____

2nd Interview By: _____

Date of Interview: _____

Hire Date: _____

Rate of Pay _____