

## **Laureatte Medical Institute, Inc.**

## **Contractor Application**

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Present address	Last		Wilde	aio .	Waldell
_	Street Number	City		State	Zip Code
revious address					
	Street Number	City		State	Zip Code
elephone ()		Social Se	curity No		
Date of Birth	(MM/DD/Y	YYY) Email Address	(required) _		
re you authorized	for Employment in the US?	□ No □ Yes			
			Days	s/hours available to wo	ork
	r (1)		No Pref	Thur	
nd salary desired	(2)		Mon	Fri	
Please Be specific	<b>c)</b>			Sat	
			Wed	Sun	
How many hours ca					
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-	•			□FULL- OR PART	-TIME
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Employment desire When available for How were you refer  TYPE OF SCHOOL  High School  College  Bus. or Trade School  Professional School  HAVE YOU EVER	ed □FULL-TIME ONLY work? rred to our organization?  NAME OF SCHOOL	LOCATION (Complete mailing	address)	NUMBER OF YEARS COMPLETED	MAJOR &
Employment desire When available for How were you refer  TYPE OF SCHOOL  High School  College  Bus. or Trade School  Professional School  HAVE YOU EVER  HAVE YOU EVER	Ped	LOCATION (Complete mailing and CRIME? No MA JOB(S) No	address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.** 

	Company Name	Telephone
	company Name	( ) _
	Address Employed	(Start Month and Year) From To
1.	Name of Supervisor	Hourly Rate/ Salary Start Last
	Start Job Title and Describe Your Work	Reason for Leaving
	Company Name	Telephone ( ) -
	Address Employed	(Start Month and Year) From To
2.	Name of Supervisor	Hourly Rate/ Salary Start Last
	Start Job Title and Describe Your Work	Reason for Leaving
	Company Name	Telephone ( ) -
	Address Employed	(Start Month and Year) From To
3.	Name of Supervisor	Hourly Rate Start Last
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ACADEMIC AND PROFESSIONAL A	CTIVITES.	<b>ACHEVEMENTS</b>	AND	SPECIAL	SKILLS
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## PLEASE READ THIS STATEMENT CAREFULLY

I hereby affirm that the information given to me on this application for employment is complete and accurate. I understand that any falsification or omission either on this application or otherwise providing false information to the company will be immediate grounds for dismissal, no matter when the falsification or omission is discovered. I authorize a through investigation to be made in connection with this application concerning my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, employment, education, and criminal record, whichever may be applicable for employment purposes. I understand this investigation may include personal interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and others with whom I am acquainted. I further understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the investigation. It is my understanding that as a prerequisite to consideration for employment, I must agree to submit to any post-employment examinations, physical or other, as the company may lawfully require. The company will pay the reasonable cost of any such examination which may be required. If I am hired, I agree that my employment and compensation can be terminated with or without cause, and without notice at any time, at the option of LMI or myself. I understand no representative of LMI other than a Vice President has the authority to enter into any agreement for any specified period of time or to make any agreement contrary to the foregoing.

myself. I understand no representative of LMI other time or to make any agreement contrary to the forego	than a Vice President has the authority to enter into a	,
I have read and affirm as my own the above statements.	Applicants Signature	Date