



APPLICATION FOR EMPLOYMENT

DATE:	POSITION APPLIED FOR:
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GENERAL INFORMATION	
NAME:	
ADDRESS:	
MOBILE PHONE:	HOME PHONE:
EMAIL:	

DRIVERS LICENSE			
Do you have a valid Driver's License?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Driver's License Number:	State of Issue:		
Expiration Date:			
Have you had any DUI / DWI in the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	How Many?
Have you had any moving violations during the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	How Many?

MILITARY		
Are you a veteran of the United States Military Service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes,	DATE ENTERED:	DATE DISCHARGED:
If yes, please describe any special skills or training acquired while in the service:		

SKILLS
Check if you have experience with any of the following, please elaborate on the extent of your experience:
<input type="checkbox"/> EMR SOFTWARE (please list):
<input type="checkbox"/> SOCIAL MEDIA: Instagram Facebook
<input type="checkbox"/> WEBSITE DEVELOPMENT / MAINTENANCE:
<input type="checkbox"/> PHOTOGRAPHY (specifically SLR Camera):
<input type="checkbox"/> MULTI-LINE PHONES:
<input type="checkbox"/> DATABASE MANAGEMENT:
<input type="checkbox"/> TECHNICAL WRITING:

<input type="checkbox"/> MANAGEMENT:
<input type="checkbox"/> CLINICAL SKILLS (ex: Phlebotomy, CNA, CPR, BLS, ALS, etc.):
<input type="checkbox"/> MARKETING:
<input type="checkbox"/> FLUENCY IN FOREIGN LANGUAGES (please list):
<input type="checkbox"/> SALES (Previous jobs that involved commission based or bonus based compensation):
<input type="checkbox"/> OTHER:

ADDITIONAL INFORMATION	
Are you a U.S. citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, do you have a valid work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
If under 18, can you provide a work permit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever filed an application here before?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide date:
Are you currently employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where?
May we contact your employers?	<input type="checkbox"/> YES <input type="checkbox"/> NO If no, why not?
Are you currently restricted by a "restrictive covenant" or a "non-compete clause"?	<input type="checkbox"/> YES <input type="checkbox"/> NO
When are you able to start work?	
Can you travel to both office locations (Reston, VA and Chevy Chase, VA)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have reliable transportation?	

REFERENCES	
NAME:	
POSITION:	
COMPANY:	
ADDRESS:	
PHONE:	

NAME:
POSITION:
COMPANY:
ADDRESS:
PHONE:

WORK EXPERIENCE

Please list your work experience beginning with your most recent job:

1. EMPLOYER:

ADDRESS:

JOB TITLE:

START DATE:

END DATE:

REASON FOR LEAVING:

SUPERVISOR NAME:

SUPERVISOR PHONE NUMBER:

WORK PERFORMED:

2. EMPLOYER:

ADDRESS:

JOB TITLE:

START DATE:

END DATE:

REASON FOR LEAVING:

SUPERVISOR NAME:

SUPERVISOR PHONE NUMBER:

WORK PERFORMED:

3. EMPLOYER:

ADDRESS:

JOB TITLE:

START DATE:

END DATE:

REASON FOR LEAVING:

SUPERVISOR NAME:

SUPERVISOR PHONE NUMBER:

WORK PERFORMED:

WAIVERS AND DISCLOSURES

Please read each section carefully and sign 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.

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 or discharge.

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 the job.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I may be subject to a background check, and hereby authorize The Naderi Center or its agents 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.

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 background check may be a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired.

VIRGINIA & MARYLAND LAW

I understand that The Naderi Center abides by all applicable State employment laws.

I understand that any and all private patient information discovered prior to employment or while as an employee are to be kept confidential according to HIPM laws. I will also keep any business or marketing practices of The Naderi Center completely confidential.

PLEASE SIGN HERE: _____ **DATE:** _____

Non-Discrimination Policy:

The Naderi Center is committed to the principle of equal opportunity in employment. The Naderi Center 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 admission to, access to, treatment in, or employment in its programs and activities.