



Advanced Weight Loss Clinics

“Weight Loss Made Simple!”

1 (877) Lets-Lose
www.letslose.com

Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.		Desired Salary	
Position Applied for				Date of Birth	
Are you at least 18 years old?		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	If no, how old?	
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Would you be willing to give injections and do other tasks of a Clinical Technician if given the proper training?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	
Are you willing to allow Advanced Weight Loss Clinics to run a background check in addition to your hiring process?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	
Are you willingly to allow Advanced Weight Loss Clinics to give you a drug test prior to and throughout your hiring process/employment?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain	
Do you have any previous medical experience, skills, or knowledge?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please describe	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

AVAILABILITY

Please list days and times in which you will be available to work. (If you are a college student, please be specific.)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

REFERENCES

Please list three **professional** references. (No relatives)

Full Name

Relationship

Company

Phone ()

Address

Full Name

Relationship

Company

Phone ()

Address

Full Name

Relationship

Company

Phone ()

Address

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that by signing below, I agree to give **Advanced Weight Loss Clinics** the authority to complete a background check on myself and give random drug tests as needed.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicant's Name _____
(Please Print)

Applicant's Signature _____

Date _____