

College	Address		City	St
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other	Address		City	St
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Military	Date of U.S. Military Service			
Branch of Service	Highest Rank	Special Training Received		

CERTIFICATE INFORMATION

Name of Certificate or License:

Issuing State:

Expiration Date:

PREVIOUS EMPLOYMENT

Practice Velocity prefers at least 3 employment histories, or 10 years of employment history. If this is not possible, please fill out as many as possible, listing most recent employment first. The employment experience section **MUST** be fully completed even if supplemented with a resume. Incomplete applications may not be considered.

Company		Phone ()		
Address		City	St	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		City	St	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		City	St	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	City	St	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	City	St	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"/>			
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone ()	
Email		Years Known	
Address		City	St
Full Name		Relationship	
Company		Phone ()	
Email		Years Known	
Address		City	St
Full Name		Relationship	
Company		Phone ()	
Email		Years Known	
Address		City	St

DISCLAIMER AND SIGNATURE

I certify the above information is correct and that any misrepresentation or false statement made as part of this application may be considered sufficient cause for immediate dismissal. I also grant permission for the authorities of Practice Velocity to investigate my past employment, education, criminal records and references and release from all liability Practice Velocity and all persons, companies, corporations and institutions supplying such information from such investigation. I understand that nothing in this application is intended to imply or create an employment relationship or contract. If hired, I understand that the employment relationship is at-will and that both parties have the right to terminate the relationship at anytime. Upon my termination from Practice Velocity, I authorize the release of reference information of my work.

I also understand that before any offer of employment is finalized; I give approval for Practice Velocity to do a thorough background check that may include county criminal, driving record, sex offender and terrorist, personal credit, civil litigation and education checks. I understand that my employment is contingent upon the satisfactory completion of such examination and background check. If any of the above information is found to be false or incomplete, including lack of disclosure of previous employment with Practice Velocity, that will be sufficient ground for rejection of my application or immediate dismissal from Practice Velocity. I understand that before any offer of employment is finalized, I will be required to submit to blood, urine

and/or other medical testing for drugs and controlled substances at a Company selected medical facility at the Company's expense.

Prior to testing, I agree to sign the Company's form wherein, I will agree to submit to such testing and authorize the release of the results to the Company. If test results demonstrate the presence of unprescribed drugs or controlled substances, I understand that I will not be permitted to commence work for the Company.

My typed name below shall have the same force and effect as my written signature.

Signature	Date
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