

EMPLOYMENT EXPERIENCE

- List each job held. Start with your present or last job, listing the month and year.

Employer	Telephone	Dates (month/year)	
		From	To
Job Title:			
Supervisor:		Hourly Rate/Salary	
		Starting	Final
Reason for leaving:		\$	\$
Describe duties and responsibilities:			

Employer	Telephone	Dates (month/year)	
		From	To
Job Title:			
Supervisor:		Hourly Rate/Salary	
		Starting	Final
Reason for leaving:		\$	\$
Describe duties and responsibilities:			

Employer	Telephone	Dates (month/year)	
		From	To
Job Title:			
Supervisor:		Hourly Rate/Salary	
		Starting	Final
Reason for leaving:		\$	\$
Describe duties and responsibilities:			

PROFESSIONAL REFERENCES (not relatives):

1. Name: _____ Occupation: _____
Address: _____ Phone#: _____
Email Address: _____

2. Name: _____ Occupation: _____
Address: _____ Phone#: _____
Email Address: _____

3. Name: _____ Occupation: _____
Address: _____ Phone#: _____
Email Address: _____

May we contact your current employer? Yes No

Agreement

(Please read the following statements and sign below.)

I certify that answers given herein are true and complete to the best of my knowledge. I understand that the absence of my signature on the application may disqualify me from consideration.

I understand and agree that neither this document nor any offer of employment from MECA Therapies constitutes an employment contract. If an employment relationship is established, I understand that both MECA Therapies and I may terminate my employment at any time for any reason. For all purposes, I will be an "at-will" employee.

I authorize MECA Therapies to make such investigations and inquiries of my personal, employment, driving, or criminal history and other matters related to verifying information on this application as may be necessary in arriving at an employment decision. I hereby release MECA Therapies, from all liability in responding to inquiries in connection with my application.

In the event of employment, I understand and agree that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date