6250 Shiloh Road, Suit 110 - Alpharetta, Georgia 30005
Tel. 770-781-0800 Toll free 800-393-6118 Fax 770-781-0828

Employment Application Form

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4. DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ – _____ – _____

Telephone (____) _____ Alternate (___) _____

If under 18, please list age _____

Position applied for _____ and salary desired _____
(Be specific)

I am applying for employment with the following: ❑ NeuroMatrix ❑ NeuroMatrix Global ❑ NeuroSource

❑ Southern Neuro ❑ NeuroLogic ❑ Atlanta Institute of Clinical Neuroscience (AICN)

Employment desired ❑ FULL TIME ❑ PART TIME ❑ FULL or PART TIME

Date available for employment? _____

Education

	NAME OF SCHOOL	LOCATION (Mailing address)	YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Professional School				

Credentials	Organization	Date Issued	Registration #

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to communicate any additional information necessary to describe your full qualifications for the specific position for which you are applying. Additionally, it will be helpful for us to know why you have chosen NeuroMatrix.

Work Experience	Please list your work experience for the past five years beginning with your most recent job held. (attach additional sheets if necessary) *May we contact your present employer? __ Yes __ No*		
Employer: _____ Name of Supervisor: _____	Last job title	Employment dates	Pay or salary
City, State, Zip Code Phone number		From: To:	Start: Final:
Reason for leaving (be specific) _____ _____ _____ _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Employer: _____ Name of Supervisor: _____	Last job title	Employment dates	Pay or salary
City, State, Zip Code Phone number		From: To:	Start: Final:
Reason for leaving (be specific) _____ _____ _____ _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Employer: _____ Name of Supervisor: _____	Last job title	Employment dates	Pay or salary
City, State, Zip Code Phone number		From: To:	Start: Final:
Reason for leaving (be specific) _____ _____ _____			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

PLEASE READ CAREFULLY
APPLICATION FORM WAIVER
In exchange for the consideration of my job application by NeuroMatrix (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of NeuroMatrix, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by a Member of the Company. Both the undersigned and NeuroMatrix may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.
I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise noted), references, and others, and hereby release the Company from any liability as a result of such contract.
I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.
I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.
I further understand that my employment with the Company shall be probationary for a period of sixty (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with NeuroMatrix, LLC is terminable at will for any reason by either party.
Signature of applicant:_____ Date: _____
NeuroMatrix, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. However, the handicapping condition can not be such as would, even with reasonable accommodation, in and of itself, preclude effective work. We assure you that your opportunity for employment with this Company depends solely on your qualifications.