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I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you.

I hereby certify that this application contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge and belief. I authorize **R Family Medical Group** to verify the accuracy of all information I have placed on this application and otherwise provided. I understand that should investigation disclose any such misrepresentations or falsification; my application will be rejected and I will be declared ineligible for employment or will be dismissed after appointment. I understand that **R Family Medical Group** is an equal opportunity employer and that employee selection is based solely on the personal qualifications of applicants and their previous performance. In the event of my employment with **R Family Medical Group**, I will comply with all rules, regulations, and policies set forth in the **R Family Medical Group** policy manual or other communications distributed by **R Family Medical Group**. I understand that nothing in this employment application, in **R Family Medical Group's** policy statements or personnel guidelines, or in my communications with **R Family Medical Group** is intended to create an employment contract between **R Family Medical Group** and me. I also understand that **R Family Medical Group** has the right to modify its policies without giving me any notice of the changes. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon **R Family Medical Group** unless it is made in writing and signed by **R Family Medical Group** management. I understand that if an employment relationship is established, I have the right to terminate my employment at any time and for any reason. I also understand that **R Family Medical Group** retains the right to terminate my employment at any time and for any reason.

My application will not be considered unless it is signed and all questions are answered. My signature will certify that I have read and that I understand all statements. If I am using electronic transmissions, the return of this completed application via electronic transmission will suffice as my signature as of the date sent.

Applicant Signature _____

Date _____