



COMPREHENSIVE NEUROLOGY SERVICES

196 Thomas Johnson Dr. Ste 120, Frederick, MD 21702
Phone: 240-566-3130 | Fax: 240-566-3131 | www.thecns.com

JOB APPLICATION

Comprehensive Neurology Services is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all the sections below:

Applicant Information

Applicant Name: _____
Address: _____
City, State and Zip Code: _____
Telephone Number: _____
Email Address: _____
Date of Application: _____

Employment Position

Position(s) applying for: _____
How did you hear about this position? _____
What hours or shift are you available for work? _____
If needed, are you available to work overtime? _____
On what date can you start working if you are hired? _____

Personal Information

Are you a U.S. citizen or approved to work in the United States? Yes No
What document can you provide as proof of citizenship or legal status? _____

You must be 18 years old or over to apply for this position. Are you, 18+? Yes No

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying: _____

Education and Training

High School:

Name	Location (City, State)	Year Graduated	Degree/Dip./Cert. Earned

College/University:

Name	Location (City, State)	Year Graduated	Degree/Dip./Cert. Earned

Vocational School/Specialized Training:

Name	Location (City, State)	Year Graduated	Degree/Dip./Cert. Earned



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Military

Are you a member of the Armed Services? Yes No

What branch of the military did you enlist? _____

What was your military rank when discharged? _____

How many years did you serve in the military? _____

What military skills do you possess that would be an asset for this position? _____

Previous Employment

Employer Name (1): _____ Job Title: _____

Supervisor Name: _____ Employer Telephone: _____

Employer Address: _____ City, State and Zip Code: _____

Dates Employed: _____ Reason for leaving: _____

Duties performed: _____

Employer Name (2): _____ Job Title: _____

Supervisor Name: _____ Employer Telephone: _____

Employer Address: _____ City, State and Zip Code: _____

Dates Employed: _____ Reason for leaving: _____

Duties performed: _____

Employer Name (3): _____ Job Title: _____

Supervisor Name: _____ Employer Telephone: _____

Employer Address: _____ City, State and Zip Code: _____

Dates Employed: _____ Reason for leaving: _____

Duties performed: _____

AT-WILL EMPLOYMENT

The relationship between you and the Comprehensive Neurology Services is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Comprehensive Neurology Services. No representative of Comprehensive Neurology Services has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: _____

Today's Date: _____