



EMPLOYMENT HISTORY

Please provide all past employment details starting with the most recent.

Current/Most Recent	Name of Employer _____ Job Title _____ From _____ To _____
	Address _____ Telephone _____
	Job Duties (List up to 3 main duties) _____ _____
	Supervisor and Title _____ Salary/Hourly Rate \$ _____ Per _____
	Reason for Leaving _____

If there is a time gap between pervious and next job, please explain.

Previous 1	Name of Employer _____ Job Title _____ From _____ To _____
	Address _____ Telephone _____
	Job Duties (List up to 3 main duties) _____ _____
	Supervisor and Title _____ Salary/Hourly Rate \$ _____ Per _____
	Reason for Leaving _____

If there is a time gap between pervious and next job, please explain.



American
Institute of
Medical
Sciences &
Education

AIMS EDUCATION

4500 New Brunswick Avenue, Piscataway, NJ 08854

WWW.AIMSEDCATION.EDU

Previous 2	Name of Employer _____ Job Title _____ From _____ To _____
	Address _____ Telephone _____
	Job Duties (List up to 3 main duties) _____ _____
	Supervisor and Title _____ Salary/Hourly Rate \$ _____ Per _____
	Reason for Leaving _____

If there is a time gap between pervious and next job, please explain.

May we contact your current employer for a reference? ___ Yes ___ No

If not, please explain:

REFERENCES

NAME	COMPANY	POSITION	TELEPHONE



American
Institute of
Medical
Sciences &
Education

AIMS EDUCATION

4500 New Brunswick Avenue, Piscataway, NJ 08854

WWW.AIMSEducation.EDU

Declarations:

I declare that I understand that this is an application for a position only and does not imply any promises of employment on behalf of the Company.

I the undersigned applicant hereby declare that all of the information on this Application Employment Form is accurate and true and I understand that any falsehood or omission on my part may be grounds for future dismissal from the position or withdrawal of an offer of employment.

I expressly agree and understand that, if employed, my employment is not for a specific term, is based on mutual consent and may be terminated by me or my employer with or without notice or cause at any time. I further understand that no oral promise, employer policy, custom, business practice or other procedure (including the basic employment policies, personnel handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the employer. I also understand that this aspect of my employment may not change absent an individual written agreement signed by both me and the president of the company.

I acknowledge that this application will remain active for 30 days from this date. If I have not heard from the Company at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

Signed on this _____ day of _____ 20_____

APPLICANT SIGNATURE _____

FOR OFFICE USE ONLY

NOTES:

NAME: _____

SIGN: _____

TITLE: _____

DATE: _____