

**MEDICAL WEIGHT LOSS CENTER OF HARRISBURG, LLC**  
**(DBA OVYVO MEDICAL WEIGHT LOSS)**

**EMPLOYMENT APPLICATION**

**I. Personal Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address: \_\_\_\_\_

▪ If hired, can you provide proof that you are legally able to work in the United States? Yes \_\_\_  
No \_\_\_

▪ Have you ever been convicted of a criminal offense (felony or misdemeanor)? *Note: An affirmative answer will not necessarily result in disqualification for employment.*  
Yes \_\_\_ No \_\_\_

If yes, please state nature of offense(s), date(s), city, state and disposition of the offense:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. Employment**

▪ Position Desired: \_\_\_\_\_

▪ Salary Desired: \_\_\_\_\_

▪ What days and hours are you available for work?

\_\_\_\_\_

▪ Are you available to work overtime if necessary?  
Yes \_\_\_ No \_\_\_

▪ Are you over 18 years of age?  
Yes \_\_\_ No \_\_\_

If you are under 18 years of age, can you provide a work permit?

Yes\_\_\_ No\_\_\_

▪ When are you available to begin work? \_\_\_\_\_

▪ Are you able to perform the essential functions of the job for which you are applying? *Note: We comply with the Americans with Disabilities Act and will consider reasonable accommodation measures that may be necessary for eligible applicants to perform essential functions:*

Yes\_\_\_ No\_\_\_

### III.Skills

▪ Do you speak, write, or understand any language other than English?

Yes\_\_\_ No\_\_\_

If yes, which language and with what proficiency? \_\_\_\_\_

▪ Are you able to operate a personal computer?

Yes\_\_\_ No\_\_\_

If yes, what types of computer software do you have proficiency in?

\_\_\_\_\_

List any other office machines you can operate:

\_\_\_\_\_

▪ What knowledge, special skills and/or individual capabilities do you have which especially prepare you for the position applied for?

\_\_\_\_\_

\_\_\_\_\_

### IV.Education

▪ High School or Trade School

Name & City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate?

Yes\_\_\_ No\_\_\_

Degree(s) or Diploma(s): \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

▪ College or University

Name & City of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_

Did you graduate?

Yes\_\_\_ No\_\_\_

Degree(s) or Diploma(s): \_\_\_\_\_

Major Field(s) of Study: \_\_\_\_\_

**V. Employment History**

Please account for all employment within the last seven (7) years, beginning with your current or more recent employer.

▪ Positions Held

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone Number: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_ Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Is this your current employer?

Yes\_\_\_ No\_\_\_

May we contact this employer?

Yes\_\_\_ No\_\_\_

Specific Job Duties:

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Reason for Leaving: \_\_\_\_\_

▪ Positions Held

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Telephone Number: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Is this your current employer?

Yes\_\_\_ No\_\_\_

May we contact this employer?

Yes\_\_\_ No\_\_\_

Specific Job Duties:

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Reason for Leaving: \_\_\_\_\_

▪ Positions Held

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Job Title: \_\_\_\_\_

Hours and Days Worked: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Is this your current employer?

Yes \_\_\_ No \_\_\_

May we contact this employer?

Yes \_\_\_ No \_\_\_

Specific Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## VI. Military Service

▪ Have you obtained any special skills or abilities as the result of services in the military?

Yes \_\_\_ No \_\_\_

If yes, please describe:

\_\_\_\_\_

## VII. Personal References

Please list at least two (2) persons NOT related to you who have known you for at least five (5) years.

▪ Name of Reference #1: \_\_\_\_\_

▪ Address: \_\_\_\_\_

▪ Telephone Number: (\_\_\_\_) \_\_\_\_\_

▪ Name of Reference #2: \_\_\_\_\_

▪ Address: \_\_\_\_\_

▪ Telephone Number: (\_\_\_\_) \_\_\_\_\_

## APPLICANT'S STATEMENT

*(Initial each numbered item as read)*

1. \_\_\_\_\_ The information that I have provided on this application is accurate to the best of my knowledge and may be verified by Medical Weight Loss Center of Harrisburg, LLC or its agents.
  
2. \_\_\_\_\_ I authorize all the schools, persons and organizations named in this application to provide any relevant information in their possession or knowledge to the agents of Medical Weight Loss Center of Harrisburg, LLC, for use in deciding whether or not to offer me employment and specifically waive any required written notification. I hereby release Medical Weight Loss Center of Harrisburg, LLC, my former employers and all other persons from any and all claims, demands, or liabilities arising out of or in any way related to such inquiry or disclosure.
  
3. \_\_\_\_\_ I understand that Medical Weight Loss Center of Harrisburg, LLC is committed to maintaining a drug and alcohol free work place. Accordingly, I may be subject to a pre-employment blood test, urinalysis or other drug/alcohol screening. I further understand that if employed, I may be subject to such a drug and alcohol screening if the Medical Weight Loss Center of Harrisburg, LLC has reasonable suspicion to believe that I am under the influence of a drug or alcohol. My consent to submit to such a test is required as a condition of employment and my refusal to consent shall result in a refusal to hire or, if already employed, termination.
  
4. \_\_\_\_\_ I understand and agree that any misrepresentation or omission of facts in this application will be justification for refusal or termination of employment, regardless of the time elapsed before discovery.
  
5. \_\_\_\_\_ I understand and agree that the employment for which I am applying for is at-will and such employment may be terminated at any time with or without cause, without prior notice, by either myself or Medical Weight Loss Center of Harrisburg, LLC. There will be no agreement, express or implied between Medical Weight Loss Center of Harrisburg, LLC and me for any specific period of employment, nor for continuing or long term employment, unless made in writing, signed by an authorized representative of Medical Weight Loss Center of Harrisburg, LLC.
  
6. \_\_\_\_\_ I have placed my signature in the space provided below only after I have completed the entire application to the best of my ability and have carefully read the statements above.

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_