



MatrixAnesthesia^{PS}

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PLEASE READ CAREFULLY BEFORE SIGNING THIS APPLICATION

I authorize Matrix Anesthesia, P.S. to investigate all statements in this application and to secure any necessary information from all my employers, references, and academic institutions. I hereby release all of those employers, references, academic institutions, and Matrix Anesthesia, P.S. from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Matrix Anesthesia, P.S.

I understand that any offer of employment is contingent upon receipt of a satisfactory report concerning academic credentials, employment references, and I am releasing any/all information provided in the Washington Practitioner Application (WPA) and authorizing Matrix Anesthesia, P.S. to confirm that information. I further understand that any false or misleading statements will be sufficient cause for rejection of my application if Matrix Anesthesia, P.S. has not employed me and for immediate dismissal if Matrix Anesthesia, P.S. has employed me.

I understand that nothing in this employment application, in Matrix Anesthesia, P.S. policy statements or personnel guidelines, or in my communications with any of Matrix Anesthesia, P.S. management personnel is intended to create an employment contract between Matrix Anesthesia, P.S. and me. I also understand that Matrix Anesthesia, P.S. has the right to modify its policies without giving me any advance 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 Matrix Anesthesia, P.S. unless it is made in writing and signed by the CEO of Matrix Anesthesia, P.S.

I hereby acknowledge that I have read and understand the preceding statement.

Signature of Applicant

Date