## **APPLICATION FOR EMPLOYMENT**

## **Acupuncture Clinic Assistant**

## **Monterey Institute of Natural Medicine**

Address: 8885 Centre Pa	ark Dr, #2F, Columbia, MD 21045
Phone: 240-810-4262	Contact: Ming Xu L.Ac.
Email: info@mionm.org	Website: www.mionm.org
Applicant Personal Informat	ion:
Full Name:	
Address:	
Contact Number:	
Email Address:	<del></del>
Date of Birth: / /	

Are you legally eligible to work in the USA? [] Yes [] No

2. Relevant Certifications: (e.g., First Aid, CPR)

**Education & Certification:** 

## 1. Employer: \_\_\_\_\_ Position: \_\_\_\_\_\_ Duration: From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ **Duties & Responsibilities:** 2. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Duration: From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ **Duties & Responsibilities:** 3. Employer: \_\_\_\_\_ Position: \_\_\_\_\_ Duration: From: \_\_\_\_ / \_\_\_\_ To: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Previous Employment Experience:** 

**Duties & Responsibilities:** 

Skills & Abilities:
Please list any relevant skills or abilities that would make you a suitable candidate for this position:
(Add more as necessary)

References:	
1. Name:	
Relationship:	
Contact Number:	
2. Name:	
Relationship:	
Contact Number:	
(Add more as necessary)	
Declaration:	
	ed in this application is true and accurate to the best of my sentation may result in the termination of my application
Signature:	_ Date: / /

Note: Ensure compliance with local employment laws and data protection regulations when creating or distributing application forms. It may be beneficial to include a section about data protection and applicant's consent to the processing of their data for recruitment purposes.