



STOWERS INSTITUTE®
FOR MEDICAL RESEARCH

TRAINEE CERTIFICATION & AGREEMENT FORM

This agreement should be completed in addition to the "Pre-Employment Form". Please read the following statements carefully before signing.

- I certify that the information contained in the Pre-Employment Form and my Curriculum Vita (C.V.) is correct to the best of my knowledge and understand that any falsification, misrepresentation or omission on the Pre-Employment Form or my C.V. is grounds for refusal to hire, or if hired, dismissal at any time during my employment.
- I authorize any of the persons or organizations referenced in the Pre-Employment Form or C.V. to give the Stowers Institute any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by the Pre-Employment Form and release all such parties and the Stowers Institute from all liability for any damage that may result from furnishing such information. I authorize the Stowers Institute to request and receive such information.
- I understand that, if appointed, I will have an employment agreement for a specific duration, and the terms of that agreement will govern my employment relationship.
- I agree to comply with the Stowers Institute rules, regulations and policies, and acknowledge that these rules, regulations and policies may be changed, withdrawn, or supplemented at any time without prior notice to me.
- I acknowledge that any offer of appointment, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time prior to my acceptance, at the option of the Stowers Institute.
- I understand that no representative of the Stowers Institute other than the President/CEO or his designee has any authority to enter into any agreement for employment for any specified period of time; that only the President/CEO or his designee has authority to enter into any agreement concerning benefits or other terms and conditions of employment other than those provided pursuant to the Stowers Institute policies; and that any such agreement must be in writing and signed by me and by the President/CEO or his designee, in accordance with this statement.
- I understand that the Stowers Institute complies with the Drugfree Workplace Act. I further understand that the Stowers Institute may require a drug or alcohol test for cause.

SIGNATURE _____
DATE

TO BE COMPLETED BY APPLICANTS CURRENTLY EMPLOYED, OR EMPLOYED WITHIN THE PAST 6 MONTHS, BY AN AFFILIATE OF THE STOWERS INSTITUTE FOR MEDICAL RESEARCH.

I acknowledge that I work for _____, an affiliate institution of the Stowers
(Name of employer)

Institute for Medical Research, and that I am applying for a position with the Stowers Institute on my own initiative without direct solicitation or encouragement from the Stowers Institute.

Signature _____
Date

Printed Name