

EMPLOYMENT APPLICATION



Should you need any special accommodations to participate in the application process (i.e., assistance in completing the application, accommodations for the interview, accommodations for any job-related employment tests, or any other needed accommodations) please let us know at the time of application, or at the time an appointment is scheduled.

PERSONAL INFORMATION		
Legal Last Name	Legal First Name	Middle initial
Social Security Number () () ()	Date available to start () () ()	
Day telephone number	Evening telephone number	Message telephone number
Address (number, street, apartment number)		
City	State	Zip
Were you previously employed by HealthHelp <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Date _____ to _____ Position (last): _____ Location: _____		
If NO, how were you referred? <input type="checkbox"/> Advertisement (specify) _____ <input type="checkbox"/> Employment Agency _____ <input type="checkbox"/> Employee Referral _____ <input type="checkbox"/> School _____ <input type="checkbox"/> Other (specify) _____		
List names and departments of relatives employed by HealthHelp. If additional space is needed, please list on additional sheet. Name: _____ Dept.: _____ Name: _____ Dept.: _____		
CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No In accordance with the Immigration Reform and Control Act of 1986, any offer of employment is conditioned upon satisfactory proof of applicant's identity and legal ability to work in the United States.		
If under eighteen years of age, can you submit a work permit after an offer of employment has been made? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: (Such a conviction will not necessarily disqualify you from employment with HealthHelp). Please attach an additional sheet if necessary.		
In order to verify prior employment and education, please specify the names under which you were ever employed or enrolled if other than the name used on this application (for example: maiden name). Former Name: _____ Employer/Institution: _____		

JOB INTEREST

Position for which you are applying
(Please list one position only.)

Check preferred work schedule:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Day |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Per Diem | <input type="checkbox"/> Night |
| <input type="checkbox"/> On Call | <input type="checkbox"/> Weekend |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Other (specify) _____ |

Location: _____

Wage/Salary desired \$ _____ per hour year

EDUCATION INFORMATION

Type of School	Name and Location	Years Completed	Major Course of Study	Graduated (Y or N)	Degree
High School					
College/ University					
Graduate School					
Technical/Business					

Please list any job-related professional, trade, business or civic activities, organizations, and associations in which you participated, or of which you are a member. (You may omit those which indicate race, color, religion, political affiliations, national origin, ancestry, disability, sex or age.)

LICENSURE FOR PROFESSIONAL OR ADMINISTRATIVE POSITIONS

Are you now licensed or certified in your profession or occupation? Yes No State(s): _____
 If not licensed in this state, have you applied? Yes No
 Professional license, certificate or registration number: _____ Exp Date: _____
 Other Licensure/Certification: _____ Exp Date: _____

JOB-RELATED SKILLS

Typing _____ WPM Data Entry _____ WPM Dictation _____ WPM
 PBX Yes No
 Ten-key by touch Yes No
 Computer skills Yes No
 Additional Skills _____

EMPLOYMENT HISTORY

THE FOLLOWING SECTION MUST BE COMPLETE EVEN IF ACCOMPANIED BY A RESUME. Starting with your most recent job, accurately list ALL jobs you have held in the past ten (10) years. Give correct addresses and telephone numbers. Include volunteer experience.

1. Name of current/most recent employer _____
 Employee's address (number/street/city/state/zip) _____
 Dates employed: From: _____ To: _____ Position starting: _____ Position final: _____
 Job duties: _____
 Reason for leaving: _____
 Starting salary: _____ per HR/MO/YR
 Ending salary: _____ per HR/MO/YR
 May we contact your present employer? Yes No
 Supervisor (name/title): _____
 Telephone number: _____

EMPLOYMENT HISTORY (cont'd)

2. Name of current/most recent employer

Employee's address (number/street/city/state/zip) _____

Dates employed: _____ Position starting: _____ Position final: _____

From: _____ To: _____

Job duties: _____

Reason for leaving: _____

Starting salary: _____ per HR/MO/YR

Ending salary: _____ per HR/MO/YR

May we contact your present employer? Yes No

Supervisor (name/title): _____

Telephone number: _____

3. Name of current/most recent employer

Employee's address (number/street/city/state/zip) _____

Dates employed: _____ Position starting: _____ Position final: _____

From: _____ To: _____

Job duties: _____

Reason for leaving: _____

Starting salary: _____ per HR/MO/YR

Ending salary: _____ per HR/MO/YR

May we contact your present employer? Yes No

Supervisor (name/title): _____

Telephone number: _____

4. Name of current/most recent employer

Employee's address (number/street/city/state/zip) _____

Dates employed: _____ Position starting: _____ Position final: _____

From: _____ To: _____

Job duties: _____

Reason for leaving: _____

Starting salary: _____ per HR/MO/YR

Ending salary: _____ per HR/MO/YR

May we contact your present employer? Yes No

Supervisor (name/title): _____

Telephone number: _____

OTHER JOB-RELATED TRAINING/EXPERIENCE

Have you received any specialized training which would qualify you for the position for which you are applying that you have not already listed on this application? If so, please state what training or experience you have had.

REFERENCES

Please provide the name, addresses and telephone numbers of at least (3) professional references who are not related to you.

1. Name	_____	Title	_____
Address	_____	Phone	_____
2. Name	_____	Title	_____
Address	_____	Phone	_____
3. Name	_____	Title	_____
Address	_____	Phone	_____

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION FORM BELOW:

I understand that, as a condition of employment or an offer of employment, I may be required to take and pass a drug examination. Subsequent, random examination may also be administered. I understand it is the policy of HealthHelp and its subsidiaries to comply with the Drug-Free Workplace Act of 1988.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I hereby certify that I, the undersigned applicant, have personally completed this application, or have noted the name of the individual assisting me in the completion of this application. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize HealthHelp and its subsidiaries to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment. I further authorize my former employer to disclose to HealthHelp any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosures. In addition, I hereby release to HealthHelp, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising, or that may arise, out of, or in any way related to, such investigation or disclosure.

As part of this application, I understand that if I am employed I will be required to comply with all HealthHelp policies and procedures for employees. I understand that these policies and procedures may be changed, interpreted, withdrawn, or added to by HealthHelp at health Help's discretion and without prior notice to me.

I acknowledge and agree that this application will be considered by HealthHelp for no longer than 90 days from the date it was made.

I understand that any offer of employment will be contingent on the submission of proof of my eligibility to work in the United States and by my signing of the At-Will Employment Agreement.

APPLICANT'S SIGNATURE _____

DATE _____

If this application has been completed by an individual other than the above applicant, please print name here:
