



HEALTHPOINTE

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position Applied For			Date of Application	
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____				
Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Telephone		Mobile Telephone		E-Mail Address

If you are under 18 years of age, can you provide required proof of your Eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If YES, give date _____

Have ever been employed with us before? Yes No
 If YES, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are you available to work: Full time Part time Shift work Temporary

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(conviction will not necessarily disqualify an applicant from employment)
 If YES, please explain _____

Education

	Name & Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any foreign languages you can speak, read, and / or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States Military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number		Starting	Final	
Job Title	Supervisor			
Reason for leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address		Hourly Rate/Salary		
Telephone Number		Starting	Final	
Job Title	Supervisor			
Reason for leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status.

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check skills/Equipment Operated

- | | | | | | | |
|--------------------------------|--|---------------------------------------|---------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> CRT | <input type="checkbox"/> Fax | <input type="checkbox"/> PFT | <input type="checkbox"/> Calculator | <input type="checkbox"/> Typewriter | <input type="checkbox"/> Excel | <input type="checkbox"/> Outlook |
| <input type="checkbox"/> PC | <input type="checkbox"/> Windows | <input type="checkbox"/> BAT | <input type="checkbox"/> Audio | <input type="checkbox"/> Postage meter | <input type="checkbox"/> Drug Screening | |
| <input type="checkbox"/> B/P | <input type="checkbox"/> Credit Card Machine | <input type="checkbox"/> 10 Key | <input type="checkbox"/> Mask Fitting | <input type="checkbox"/> Pulse | <input type="checkbox"/> Glucometer | |
| <input type="checkbox"/> X-ray | <input type="checkbox"/> Casting | <input type="checkbox"/> Grips/Girths | <input type="checkbox"/> Other _____ | | | |

State any additional information you feel may be helpful to us in considering your application.

Note to applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes No

References

Name	Phone
Address	
Name	Phone
Address	
Name	Phone
Address	

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statement contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Interviewer Date

Employed Yes No Date of Employment _____

Job Title _____ Hourly/Salary Rate _____

By _____
Name and Title Date

Notes:

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Position(s) Applied for is open: Yes No

Position(s) Considered For: _____

Date: _____

Notes: