

Application for Employment

365 Health Services, LLC is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

Name:			
First	Middle	Last	
Address:			
Street		City	
State	Zip	County	
Phone Number (home):		Phone Number (cell):	
Cell Phone Carrier:		Are you willing to receive texts?	Yes No
Email Address:			
Do you have transportation	available to you on	a daily basis? Yes No	
O and a second s			
General Information			
Position Applying For:			
Date Available to Start:			
Job Type (circle): Full Time	Part Time	Weekend	
Please document your week	kday/weekend avail	ability (specific hours):	
Do you speak any language	s other than Englis	h? Yes No	
If Yes, what language(s)			
Employment Verification			
Are you a U.S. Citizen?	Yes No		
		gal right and necessary documents to well as required by law.) Yes No	vork in the

Education Information

Level	Name/Location of School	# of Years	Graduate (Y/N)
High School/GED			
College			
Other			

Employment History (for the last 5 years)

Current or Last Position Title	Name of Company	From Mo/Yr	To Mo/Yr	
Street Address		City	State & Zip	
Duties:		Reason for Leaving:		
Name of Supervisor	May we contact your supervisor?	Phone number of supervisor		
Next Previous Position Title	Name of Company	From Mo/Yr	To Mo/Yr	
Street Address		City	State & Zip	
Duties:		Reason for Leaving:		
Name of Supervisor	May we contact your supervisor?	Phone number	Phone number of supervisor	
Next Previous Position Title	Name of Company	From Mo / Yr	To Mo / Yr	
Street Address		City	State & Zip	
Duties:		Reason for Lea	aving:	
Name of Supervisor	May we contact your supervisor?	Phone number of supervisor		
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Emergency Contacts	
Name:	Phone Number:
Name:	Phone Number:

Applicant Statement: Please read the following statements carefully before signing below.

I certify that all the information I have provided in order to apply for and secure work with 365 Health Services, LLC is true, complete and correct. I understand that any information provided by me that is found to be false or incomplete in any respect will be grounds for termination or cancelling further consideration of this application.

I expressly authorize, without reservation, 365 Health Services, LLC, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume and/or job interview. I hereby waive any and all rights and claims I may have regarding 365 Health Services, LLC, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that 365 Health Services, LLC does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and without proper notice, and that 365 Health Services, LLC reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment.

Applicant Signature		Date		
Voluntary Self-Disclosure				
365 Health Services, LLC wishes to oppulation. Submission of this inform treatment if you do not provide the inf	ation by you is voluntary . F			
Race:				
American Indian	Asian	Black	Hispanic	
Native Hawaiian or othe	r Pacific Islander	White	Other	