

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 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 of supervisor	

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 comply with various laws and regulation, which require us to file annual statistical reports on our population. Submission of this information by you is **voluntary**. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested.

Race:

American Indian Asian Black Hispanic
 Native Hawaiian or other Pacific Islander White Other