

# APPLICATION FOR EMPLOYMENT

Position Applied For:			Date:	
Last Name:	First Name:	MI:	Social Security Number:	
Address:		City:	State:	Zip Code:
E Mail Address:	Date Available:	Phone Number:	Alternate Phone Number:	

Status: (Please Circle)	Full Time	Part Time	PRN/Per Visit	Salary
Have you ever been an employee of HealthBack or a HealthBack holding company?				No Yes
Position:		Dates Employed:		
Are you legally eligible for employment in the United States? No Yes				
(If offered employment you will be required to provide documentation to verify eligibility.)				
Have you ever been convicted of a crime (misdemeanor or felony) other than minor traffic violations? (Please Circle) No Yes				
Year:	State/County:	Nature of Crime:		

## Education:

Name of School	City/State	Graduate	Major	Degree
High School:		Yes GED No		
College or Trade School:		Yes No		
Other:		Yes No		

**Employment History:** Please list most recent employer first.

Company Name:		Job Title:	
Address:	Phone Number:	May we contact? Yes    No	
Duties:	Employed From:	To:	
	Supervisor:		
Company Name:		Job Title:	
Address:	Phone Number:	May we contact? Yes    No	
Duties:	Employed From:	To:	
	Supervisor:		
Company Name:		Job Title:	
Address:	Phone Number:	May we contact? Yes    No	
Duties:	Employed From:	To:	
	Supervisor:		

**References:** Please provide at least three personal references who are not related to you.

Name	Telephone	Years Known

I understand that if I am employed, any misrepresentation or material omission made by me on this application may be sufficient cause for cancellation of this application or possible discharge from the employer's services, whenever it is discovered.

I understand that consideration for employment in this position is contingent upon the results of a reference and background check. I therefore authorize the Agency to investigate all statements made on my application and to discuss the results of investigations with those responsible for hiring. I further authorize the Agency to contact my former employers and any listed references or other persons who can verify information and I give my consent for former employers and other contacted persons to respond to questions pertaining to information on this application. Further, I release from liability such former employers or other persons contacted by and providing information to the Agency.

I represent that I have read and fully understand the foregoing and seek employment under these conditions.

Signature \_\_\_\_\_

Date \_\_\_\_\_