

APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based solely on a person's race, color, religious creed, sex, national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental disability, age, military status or status as a Vietnam-era or special disabled veteran, marital status, registered domestic partner or civil union status, gender (including sex stereotyping and gender identity or expression), medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status except where a reasonable, bona fide occupational qualification exists. As part of the application process, CareHealth America Corporation may conduct background checks on applicants.

— PLEASE ENTER TEXT IN FILLABLE PDF FILE OR PRINT IN INK —				Today's Date	
First Name		MI	Last Name		Last 4 Digits of Social Security Number
Current Mailing Address				How long at current address?	
City		County	State		Zip Code
Daytime Telephone		Home Telephone		Email Address	
Position for which you are applying			Date Available		Salary Requirement \$
Check the following options you would consider Full time <input type="checkbox"/> PartTime <input type="checkbox"/> Temporary <input type="checkbox"/>				If part-time, specify hours and days available	
Are you subject to any type of agreement with a current or former employer that would restrict your ability to work at CareHealth America (e.g. non-compete, non-solicitation)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain and provide a copy of such agreement.)					

EDUCATION & TRAINING

	SCHOOL NAME	CITY AND STATE	DEGREE/DIPLOMA MAJOR COURSE OF STUDY	DEGREE RECEIVED?	
High School/GED				<input type="checkbox"/> Yes	<input type="checkbox"/> No
College, Graduate School*				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indicate school and last name(s) used at time of graduation					
*Only list colleges or universities accredited by the Department of Education (DOE) (http://ope.ed.gov/accreditation). It is your responsibility to verify accreditation.					
List any machines, equipment or software programs on which you are qualified and experienced in operating.					
List any languages that you speak fluently.			List any languages that you read/write fluently.		

GENERAL INFORMATION

Can you, after employment submit verification of our legal right to work in the United States?		Are you 18 years old or older?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any relatives currently working or who have previously worked for Carehealth America? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list relatives			

EMPLOYMENT HISTORY (List work experience beginning with the present or most recent job.)

Name of Employer			Type of Business		
Address		City		State	Zip Code
Title	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full time		Supervisor Name		Supervisor Phone Number
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from (mm/yyyy)		Employed To (mm/yyyy)		Last Salary \$
Brief Description of Duties				Reason for Leaving	
Name of Employer			Type of Business		
Address		City		State	Zip Code
Title	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full time		Supervisor Name		Supervisor Phone Number
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from (mm/yyyy)		Employed To (mm/yyyy)		Last Salary \$
Brief Description of Duties				Reason for Leaving	
Name of Employer			Type of Business		
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Title	Type of Employment <input type="checkbox"/> Part Time <input type="checkbox"/> Full time		Supervisor Name		Supervisor Phone Number
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Employed from (mm/yyyy)		Employed To (mm/yyyy)		Last Salary \$
Brief Description of Duties				Reason for Leaving	

BUSINESS REFERENCES (List three individuals, in addition to listed employment references, known to you for at least three years)

NAME	OCCUPATION/ASSOCIATION	TELEPHONE	EMAIL ADDRESS
1.			
2.			
3.			

Please include any other information you think would be helpful to us in considering you for employment:

SIGN AND DATE THE FORM

Applicant's Signature		Date Signed (mm/dd/yyyy)
Print Full Name		