

Healthcare Commons Inc. Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

Employer: <i>Healthcare Commons Inc.</i>	Position applying for:
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PERSONAL DATA

Name (last, first, middle)

Street Address and/or Mailing Address

City

State

Zip

Home Telephone Number

Cellular Phone Number

Last 4 of SS#

Date you can start work

Salary Desired

Do you have a High School Diploma or GED?

Yes No

POSITION INFORMATION Check all that you are willing to work

Hours: Full Time
Part Time

Days
Evenings

Prior HCI employment? Yes No

Driver License Number State

Are you authorized to work in the U.S. on an unrestricted basis?

Yes No

Have you ever been convicted of a felony?

Yes No

If yes, explain:

EDUCATION Please provide copies of degree(s) and/or transcript.

	School Name	Degree	Address/City/State	Years Attended
Highschool				
Undergraduate				
Graduate				

CERTIFICATIONS/LICENSE

REFERENCES Please list three professional references not related to you.

Name	Email	Years Known	Phone Number

Employment History Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Employment 1 History	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Street Address	City	State/Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Employment 2 History	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Street Address	City	State/Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Employment 3 History	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Street Address	City	State/Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Employment 4 History	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
Street Address	City	State/Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date