

HEALTH SOURCE GROUP, LLC.

EMPLOYMENT APPLICATION

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or in the presence of a non-related medical condition or handicap.

Name _____ Date _____

Address _____ Phone # _____

City _____ State _____ Zip _____ Social Security # _____

Are you a citizen of the United States of America? Yes No

Have you applied here before? Yes No When? _____ Position applied for? _____

Start When _____ Full time Part time Temporary Other _____

EMPLOYMENT EXPERIENCE; Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisors' Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From _____ To _____ Salary or Hourly rate _____

EMPLOYMENT APPLICATION PART 2

EDUCATION

Schools/Colleges Attended:

Years Year Grad. Degree

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any special qualifications for this job: (licensures and/or certifications held and/or special skills)

Drivers License # _____ State _____ Expiration _____

Are you a veteran of the U.S. Military service? Yes No

Have you ever been convicted of a felony? Yes No
(Answering yes to this question does not automatically disqualify you from employment)

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given on my application or interview may result in termination.

Signature _____ Date _____

For Personnel Department only

Remarks _____

_____ Interview report by _____