

EMPLOYMENT APPLICATION

To Applicant: We are an equal opportunity employer and comply with all federal, state and local laws which prohibit discrimination in employment because of race, color, national origin, age (18 or over), sex, sexual orientation, religion, disability, veteran status, citizenship, marital status or any other classification protected by federal, state or local laws.

Name	Phone Number	Social Security Number	
Street Address	City	State	Zip Code
Position Applied For	Salary Desired	Date Available	

EDUCATION

Type	School	No. of Years Completed	Graduated		Degree
			Yes	No	
Elementary					
High School					
College or University					

Other Education, Licenses or Certifications (if applicable to the position for which you are applying)

EMPLOYMENT HISTORY

Employer's Full Name, Address & Telephone:

Job Title	Describe Duties Involved		
Final Salary	Supervisor's Name		
Type of Business	Date Employed From:	To:	Reasons for Leaving
If your current employer, may we contact? Yes ___ No ___			

Employer's Full Name, Address & Telephone:

Job Title	Describe Duties Involved		
Final Salary	Supervisor's Name		
Type of Business	Date Employed From:	To:	Reasons for Leaving

Employer's Full Name, Address & Telephone:

Job Title	Describe Duties Involved		
Final Salary	Supervisor's Name		
Type of Business	Date Employed From:	To:	Reasons for Leaving

PERSONAL INFORMATION (Please circle)

Are you at least 18 years of age? YES NO
Are you legally authorized to work in the United States on a full-time or permanent basis? YES NO
Have you ever been bonded?
Are you able to perform, with or without reasonable accommodation, the essential functions of the position or occupation for which you are applying? YES NO
Have you, since attaining the age of 18, been convicted of, plead guilty or no contest to, or forfeited bond or bail for any crime other than a traffic violation? YES NO
Are you the subject of pending criminal charges? YES NO
(Answering "yes" to either of the above is not an automatic bar to employment.) If yes to either question, please explain:

Is there any reason why you would be unable to work overtime or travel at any time as required by the position for which you are applying? YES NO

Have you ever been employed by HealthPro Staffing Solutions?
If yes, please state when: _____
Have you ever applied for a position with HealthPro Staffing Solutions? YES NO
If yes, please state when: _____

How did you hear of HealthPro Staffing Solutions?
Ad _____ Agency _____ Employee Referral _____ Other _____
Please list the following skills, (if applicable to the position for which you are applying):
Typing Speed on Computer ___ WPM Steno Speed ___ WPM
Other Skills You Wish To Be Considered _____

PLEASE READ CAREFULLY BEFORE SIGNING:

1. I hereby affirm that the information provided by me in this application for employment is true and complete. I understand that false or incomplete statements on this application shall be considered sufficient cause for denial of employment or, if employed, for dismissal.
2. HEALTHPRO STAFFING SOLUTIONS is hereby authorized to conduct an investigation into my personal history and financial records through any investigative or credit agencies or bureaus of its choice. This inquiry may include information as to my character, general reputation, personal characteristics and mode of living and may include, but is not limited to, solicitation of employer references, contact with educational institutions and a criminal background check. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report, as required by the Fair Credit Reporting Act.
3. I also understand that an offer or acceptance of employment does not constitute a contract binding for any specific duration upon myself or HEALTHPRO STAFFING SOLUTIONS. Unless I am given a separate written contract for a specific duration, I may voluntarily terminate my employment with HEALTHPRO STAFFING SOLUTIONS at any time, and HEALTHPRO STAFFING SOLUTIONS reserves the right to terminate my employment at any time, with or without notice or cause.
4. I agree that any claim or lawsuit relating to my application for employment and/or my employment with HEALTHPRO STAFFING SOLUTIONS or any of its affiliates and/or subsidiaries must be filed no more than six (6) months after the date of the employment-related action that is the subject of the claim or lawsuit. I knowingly and voluntarily waive any statute of limitations to the contrary.

Signature of Applicant _____ Date _____

Applications are retained and considered in connection with appropriate job vacancies for three (3) months after their receipt. If you wish to apply for employment thereafter, you must submit a new application.

(Do not write below this line. For Personnel Department use only. To be completed on date of employment.)

Date Starting: _____
Salary: _____

Department/Unit: _____
Position Title/Grade: _____