



EMPLOYMENT APPLICATION

All applicants are considered without regard to race, color, ethnic or national origin, religion, gender, age, marital status or sexual preference, veteran status, physical or mental handicap, or any other legally protected status.

POSITION(S) YOU ARE APPLYING FOR:

Last Name **First** **Initial**

Address

City **State** **Zip code**

Telephone **Cell** **Email**

Social Security #

Person to Notify In Case of an Emergency: **Telephone:**

EDUCATION

Type of School **Name & Location** **Years Completed** **Degree Obtained**

High School

Vocational/Technical

College/University

Post Graduate

Other Education or Special Training

Other Languages You Speak, Read and Write Fluently

If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

Are you currently employed? Yes No

May we communicate with your present or previous employers? Yes No

If you are not a Citizen do you have the right to work? Yes No
(Proof of citizenship or immigration status will be required upon employment)

If hired, on what date will you be available to start work? _____

Have you ever been convicted of any Crime? Yes No

Including Sex-related or child-abuse related offences? Yes No

Do you have any prior or pending legal claims? Yes No

If yes, please explain: _____

How Did you learn about us? Advertisement Telephone Directory Walk In
 Employment Agency Our Web Site Referred By: _____
 Other: _____

EMPLOYMENT EXPERIENCE, MOST RECENT FIRST

Employer _____ **Dates Employed: From** _____ **To** _____
Address _____ **Job Title:** _____
Worked Performed: _____
Telephone _____
Supervisors Name _____ **Reason For Leaving** _____

Employer _____ **Dates Employed: From** _____ **To** _____
Address _____ **Job Title:** _____
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Employer _____ **Dates Employed: From** _____ **To** _____
Address _____ **Job Title:** _____
Worked Performed: _____
Telephone _____
Supervisors Name _____ **Reason For Leaving** _____

LIST ADDITIONAL QUALIFICATIONS, PROFESSIONAL AND CIVIC ACTIVITIES THAT MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

REFERENCES OTHER THAN RELATIVES OR FORMER EMPLOYERS

Name

Address

Telephone

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby acknowledge that any employment relationship with this company is an "AT WILL" nature, Which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause? It is further understood this "AT WILL" employment relationship may not be changed by any written document or by conduct unless such changes are specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY

Interview Date: _____

Interviewer Name: _____

Interviewer Title: _____

Test Score: _____

Pre-employment Exam: _____ Passed _____ Failed

Remarks: _____



Annex HealthCare Providers, Inc. Reference Request

Dear Human Resources Department,

One of your previous/current employees has applied at Annex HealthCare Providers, Inc. We ask that you verify and complete this form at your earliest convenience and return it to our office. Thank you for your time.

Very truly yours,

The Human Resources Department

I authorize my previous/current employer to furnish Annex HealthCare Providers, Inc. with the information requested on this form and I further authorize Annex HealthCare Providers, Inc. to provide this information to any individual or organization to which I may be assigned.

Applicant Signature

Date

Applicant please complete the following information below:

Name of Applicant: _____

Social Security Number: _____

Previous Employer Name: _____

Address: _____

Position Held: _____

Dates Employed From: _____ To: _____

Reason for separation: _____

Previous/current employer please complete:

Dates of employment from: _____ To: _____

Position held at your Company: _____

Eligible for Rehire: Yes No

Comments : _____

Employer Signature/Title

Date



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Applicant Signature

Date

Applicant please complete the following information below:

Name of Applicant: _____

Social Security Number: _____

Previous Employer Name: _____

Address: _____

Position Held: _____

Dates Employed From: _____ To: _____

Reason for separation: _____

Previous/current employer please complete:

Dates of employment from: _____ To: _____

Position held at your Company: _____

Eligible for Rehire: Yes No

Comments : _____

Employer Signature/Title

Date