

# Pioneer Health Services, Inc.

## APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

Referral Source: \_\_\_\_\_

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on the back of this application. In reading and answering the following questions are aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied For \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_ PRN \_\_\_\_\_ employment? When could you start work? \_\_\_\_\_

\_\_\_\_\_  
(Last Name) (First Name) (MI) (Telephone Number)

\_\_\_\_\_  
(Present Street Address) (City) (State) (Zip Code)

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security Number (Optional) \_\_\_\_\_

If hired can you submit proof of age Yes \_\_\_\_\_ No \_\_\_\_\_ and proof of eligibility to work in the United States Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever applied here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Were you ever employed here before? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation (do not include minor traffic violations)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes give details \_\_\_\_\_

(A "Yes" answer does not automatically disqualify you from employment since the nature of the offense, date and job you are applying for are also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" please explain: \_\_\_\_\_

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA) \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

State License Issued In : \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes" give details: \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status) \_\_\_\_\_

### LIST NAMES AND ADRESSES OF SCHOOLS

Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
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High School/ GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Vocational/Technical: \_\_\_\_\_

What skills or additional training do you have that relate to the job you are applying for? \_\_\_\_\_

What machines or equipment can you operate that relates to the job for which you are applying: \_\_\_\_\_

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

(Name of Employer) (Address, City, State and Zip Code) (Phone Number) (Supervisor)

Dates of employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Starting Pay Rate: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Duties: \_\_\_\_\_

(Name of Employer) (Address, City, State and Zip Code) (Phone Number) (Supervisor)

Dates of employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Starting Pay Rate: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Duties: \_\_\_\_\_

(Name of Employer) (Address, City, State and Zip Code) (Phone Number) (Supervisor)

Dates of employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Starting Pay Rate: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Duties: \_\_\_\_\_

(Name of Employer) (Address, City, State and Zip Code) (Phone Number) (Supervisor)

Dates of employment: From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_ Starting Pay Rate: \_\_\_\_\_ Final Pay Rate: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Job Duties: \_\_\_\_\_

Have you ever worked or attended school under any other name? Yes \_\_\_ No \_\_\_ If "Yes" give names: \_\_\_\_\_

Are you presently employed? Yes \_\_\_ No \_\_\_ If "Yes" whom do you suggest we contact: \_\_\_\_\_

Give three references, not relatives or former employers.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any and all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

