

Promise Healthcare
Operating Frances Nelson and SmileHealthy

APPLICATION FOR EMPLOYMENT

General Information Date _____

Last Name	First Name	Middle Initial	Telephone Number
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Street Address	City, State, Zip Code	Email Address
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Position(s) Applied For	How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Online <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other
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Best time to contact you is: <input type="checkbox"/> AM <input type="checkbox"/> PM	Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give date _____	Do any of your friends or relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide name and relationship.
Type of employment desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN <input type="checkbox"/> Temporary		

Languages Spoken	Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date available for work ____/____/____	Social Security # _____	Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employment History

Please list your last three employers, beginning with the current or most recent.	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
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From (Month/Year)	To (Month/Year)	Employer	Telephone Number
Starting job title/final job title		Street Address City State	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	Reason for leaving

From (Month/Year)	To (Month/Year)	Employer	Telephone Number
Starting job title/final job title		Street Address City State	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	Reason for leaving May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

From (Month/Year)	To (Month/Year)	Employer	Telephone Number
Starting job title/final job title		Street Address City State	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	Reason for leaving May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been discharged or asked to leave by an employer? _____ Yes _____ No If yes, explain when, where, and why: _____

Have you ever had disciplinary action taken against you at any job? _____ Yes _____ No If yes, explain when, where, and why: _____

Education				
School	Name & Address of School	Course of Study	# of Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

State any additional information you feel may be helpful to us in considering your application, including any job-related training in the U.S. Military.

Professional References

Name	Phone Number	Best Time to Call	Occupation

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

CERTIFICATION AND SIGNATURE

I certify that answers given herein are true and complete.

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 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications area being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Promise Healthcare is of 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 that this at will employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Promise Healthcare.

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 regulation of the Employer.

Signature of Applicant

Date

Revised 10/1/2019