



**EMPLOYMENT APPLICATION – WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

Please sign and date the application, print clearly, and provide all information requested.

**General Information**

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

How did you hear about employment opportunities at our company?

Advertisement  Friend  Walk-In  Employment Agency  Relative  \_\_\_\_\_ Other  \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Position applied for \_\_\_\_\_

Have you every filed an application with us before? Yes  No  Can you travel if the job requires it? Yes  No

Would you accept full-time work? Yes  No  Would you accept part-time work? Yes  No

Are you currently subject to recall by an employer? Yes  No

On what date would you be available to begin work? \_\_\_\_\_

Have you been employed here before? Yes  No  Dates \_\_\_\_\_

List any special training or skills that would be of special benefit in the job for which you are applying: \_\_\_\_\_

Are you legally authorized to work in the US? Yes  No  Are you at least 18 years of age? Yes  No

If not, do you have a valid work permit? Yes  No  If so, please provide a copy of the work permit.

Can you perform the basic functions of the position for which you are applying with or without reasonable accommodation? Yes  No  (Do not answer unless you have been informed of the job's requirements.)

Would you be willing to submit to a post-offer drug test and/or medical examination? Yes  No

Have you ever been convicted of a crime? This includes a plea of guilty or non-contest which resulted in a criminal conviction. [Please exclude misdemeanor convictions for marijuana related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated; and/or misdemeanor convictions for which probation was successfully completed or otherwise discharged or dismissed.] Yes  No

If yes, please describe the nature of the crime(s), the date and place of the conviction(s), and the legal disposition(s) of the case [We will not deny employment to any applicant solely because the person has been convicted of a crime. We may consider such factors as the nature, date, and circumstances of the conviction, as well as whether the conviction is relevant to the duties of the position applied for by the applicant.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Educational Background**

School	Name & Location of School	Course of Study	Did You Graduate?	Degree/Diploma
High School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Employment Experience**

Please list your 4 most recent employers, with the most recent employer first. You must provide this information even if your resume has been submitted. Please provide all information requested, and attach additional pages if necessary.

1. Employer \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Work Performed \_\_\_\_\_ \*Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Work Performed \_\_\_\_\_ \*Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Work Performed \_\_\_\_\_ \*Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_  
 Job Title \_\_\_\_\_ Supervisor Name \_\_\_\_\_  
 Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Work Performed \_\_\_\_\_ \*Reason for Leaving \_\_\_\_\_

**\*Important:** You must indicate the reasons for leaving your previous employers, and must identify if you were terminated. Failure to do so may disqualify you from consideration for employment.

May we contact your current employer? Yes  No  If no, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Have you ever been terminated or asked to resign from any job? Yes  No  If yes, please list the employers and explain the circumstances: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Personal References**

List three personal references. Please do not list family members or relatives.

1.	Name _____
	Phone (_____) _____ Address _____
2.	Name _____
	Phone (_____) _____ Address _____
3.	Name _____
	Phone (_____) _____ Address _____

**Periods of Unemployment**

Please identify and explain all significant periods of unemployment (more than 90 days) for the past ten years. [You may exclude any information which would reveal any protected class status.] Attach additional pages if necessary.

Date From	Date To	Reason for Unemployment

**Language Proficiency**

Please indicate any foreign languages you can speak, read, and/or write and rate your proficiency.

**(Please Rate: Fluent, Excellent, Good, Fair, or Poor).**

Language	Speaking Proficiency	Reading Proficiency	Writing Proficiency
(Ex.) English	Fluent	Excellent	Excellent

**Specialized Skills (Check Skills and Equipment You Can Operate)**

CRT  Fax  PFT  Calculator  Typewriter  Excel  Outlook  PC/Windows   
 Mac  BAT  Audio  Postage Meter  Drug Screening  B/P  Credit Card Machine   
 10 Key  Mask Fitting  Pulse  X-ray  Casting  Grips/Girths  Other  \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Please State Any Additional Information You Feel May Be Helpful to Us in Considering Your Application

### Certification

By signing this application, I hereby agree as follows:

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge, and agree to have any of the information verified by Healthpointe Medical Group, Inc. ("Healthpointe"). I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment.

I authorize the references listed above, as well as all other individuals whom Healthpointe contacts, to provide any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information by Healthpointe or any of its agents, employees, or representatives.

I understand that any offer of employment is conditioned upon proof of identity, proof of legal authority to work in the United States, a satisfactory completion of my background and reference check, and the satisfactory completion of post-offer medical examination and/or drug test.

BY SIGNING THIS APPLICATION, I AGREE THAT IF I AM HIRED, MY EMPLOYMENT WITH HEALTHPOINTE CAN BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, EITHER AT MY OPTION OR AT THE OPTION OF HEALTHPOINTE. IF HIRED, I FURTHER AGREE THAT NO EMPLOYEE OF HEALTHPOINTE HAS THE AUTHORITY TO MODIFY THE AT WILL EMPLOYMENT POLICY, EXCEPT FOR THE PRESIDENT OF HEALTHPOINTE, AND THAT ANY MODIFICATION TO THE AT WILL EMPLOYMENT POLICY MUST BE IN A WRITTEN AGREEMENT SIGNED BY BOTH THE EMPLOYEE AND THE PRESIDENT OF HEALTHPOINTE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant

For Office Use Only

Applicant # \_\_\_\_\_

Employee # \_\_\_\_\_

Hire Date \_\_\_\_\_

Position \_\_\_\_\_

Rate \_\_\_\_\_

Class \_\_\_\_\_

Skill \_\_\_\_\_

Other \_\_\_\_\_

Notes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attachments:

- Resume
- Applicant Reference Check
- Applicant Interview
- Work Permit