

Application for Employment
HealthQuest is an EQUAL OPPORTUNITY EMPLOYER

Personal Information...

Name: _____ Date: _____
Last First M.I.

Address: _____
_____ City State Zip Code

Email address: _____

Phone number: _____

What would you like to do at HealthQuest?

Job Interest: _____ Part Time Full Time

Shift(s) desired: Day _____ Evening _____ Weekend _____

Date Available: _____ Wage Desired: _____

Are you legally eligible for employment in the United States? Yes No
(If offered employment, you will be required to provide documentation to verify eligibility.)

Please tell us about yourself... Education, work experience and training

High School: # of Yrs Completed (circle one) 1 2 3 4 Diploma: Yes No

School: _____ City/State: _____

College and/or Vocational School: Number of Years Completed (circle one): 1 2 3 4

School: _____ City/State: _____

Major: _____ Degrees Earned: _____

Please list any additional information you would like us to consider (skills, training, licenses, etc.)

Please list your last two places of employment...

Employer _____

Position/Title _____

Employed from _____ to _____ Salary/Rate of Pay \$ _____

Reason for Leaving _____

Employer _____

Position/Title _____

Employed from _____ to _____ Salary/Rate of Pay \$ _____

Reason for Leaving _____

Please list two people we can contact about your work experience

Name: _____ Title: _____

Phone: _____ Business: _____

Name: _____ Title: _____

Phone: _____ Business: _____

Please read carefully...

I certify that the information I have provided in this application for employment is true and complete. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will eliminate me from consideration for employment, or may result in my immediate dismissal. I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, education, credit, and/or criminal history, subject to federal, state or local laws. I understand that if employed, the employment will be "at will". That is, either I or HealthQuest may end the employment relationship at any time, for any reason. I understand that receipt or acceptance of this application is not contracts of employment.

Signature of Applicant _____ Date: _____