HealthSource Integrated Solutions and its subsidiaries (hereafter “HealthSource”) are equal opportunity employers. All applicants will be considered regardless of race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status. Equal access to the hiring process, services, and employment is available to all persons. Applicants requiring accommodations to the application and/or interview process should contact a representative of the Human Resource Department.

Each question should be answered completely and accurately. **No action will be taken on this application until all questions have been answered and the application has been signed and dated.** Verification of eligibility to work in the U.S. will be required if an employment offer is made.

Name

*Last First Middle*

Address

# Street Apt. # City State Zip Code

Telephone      \_\_\_\_ \_\_\_\_\_\_\_\_\_\_ Current Driver’s License (if applicable) \_\_\_ Yes \_\_\_ No

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position(s) applied for:

Have you applied here before? \_\_\_\_ Yes \_\_\_\_ No If yes, give date:

Are you employed now? \_\_\_\_ Yes \_\_\_\_ No On what date are you available for work?

Are you available to work \_\_\_\_ Full-time \_\_\_\_ Part-time \_\_\_\_ Shift work \_\_\_\_ Temporary

What languages do you speak fluently (if applicable)? List:

Are you 18 or older? \_\_\_\_ Yes \_\_\_\_ No

Have you been convicted of a felony or misdemeanor other than moving traffic violations?

\_\_\_\_ Yes \_\_\_\_ No

If yes, please complete the following *(a conviction record will not necessarily be a bar to employment)*:

Conviction: Location: Date:

Result or outcome:

|  |
| --- |
| HealthSource, TMHCS and SASS are Equal Opportunity/Affirmative Action Employers |

|  |  |  |  |
| --- | --- | --- | --- |
| Education | | | |
|  | High School | **Trade Schools** | **College/University** |
| School Name |  |  |  |
| **Diploma/Degree** |  |  |  |
| **Certificate Received** |  |  |  |
| **Describe Course of Study** |  |  |  |

|  |
| --- |
| Employment Experience |

*List your past four (4) employers including military and voluntary service assignments.* ***Start with your present or last job.*** *Attach an additional sheet if necessary.*

Employer: Telephone:

Address:

Job Title: Supervisor:

Dates Employed: *From* *To*

Salary: *Starting Final*

Reason for Leaving:

Work Performed:

May we Contact: Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

Employer: Telephone:

Address:

Job Title: Supervisor:

Dates Employed: *From* *To*

Salary: *Starting Final*

Reason for Leaving:

Work Performed:

May we Contact: Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

Employer: Telephone:

Address:

Job Title: Supervisor:

Dates Employed: *From* *To*

Salary: *Starting Final*

Reason for Leaving:

Work Performed:

May we Contact: Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

Employer: Telephone:

Address:

Job Title: Supervisor:

Dates Employed: *From* *To*

Salary: *Starting Final*

Reason for leaving:

Work Performed:

May we contact: Yes \_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_

Please summarize your job-related skills or specialized training:

List job-related special accomplishments, projects, awards. (Exclude information that would reveal race, color, religion, gender, national origin, age, marital or veteran status, medical condition, disability, or any other legally-protected status.):

|  |
| --- |
| References |

Give the name and telephone number of three (3) business/work references who are not related to you. List at least one of your previous supervisors.

# Name Occupation Company Phone Number(s)

# Name Occupation Company Phone Number(s)

*Name Occupation Company Phone Number(s)*

List any additional information you would like us to consider.

|  |
| --- |
| Acknowledgement |

I understand that HealthSource is making no employment offer at this time. I certify that the information in this application is correct to the best of my knowledge. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during interviews is grounds for disqualification from further consideration for employment or for termination if employed.

I authorize the HealthSource to contact any company, institution, or individual it deems appropriate to investigate my employment history, character, qualifications, credit history, driving record, and other relevant information, if job-related. I give my full consent for all contacted persons including former employers to provide the information concerning this application, and I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to the HealthSource. I acknowledge that a facsimile of this form is as valid as the original.

A Company-paid drug test and/or physical examination may be required. I understand that any offer of employment may be withdrawn if I test positive for drugs and/or if a condition is discovered for which no reasonable accommodation can be made.

I understand that this application is current for only 60 days. At the conclusion of this time, if I have not heard from HealthSource and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that if I am hired, my employment at HealthSource is “at-will” and may be terminated by myself or by HealthSource at any time, with or without cause or notice. I understand that no representative of HealthSource has the authority to make any assurance to the contrary.

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

Signature Date

|  |
| --- |
| Authorization to Release Information |

I authorize HealthSource Integrated Solutions and its subsidiary companies to contact any company, institution, law enforcement agency, state agency, bureau or individual it deems appropriate to investigate my employment history, job performance, background, qualifications, driving record, and other relevant information, if job related. I give my full consent for all contacted persons including former employers to provide the information concerning this application. I waive my right to bring any cause of action against these individuals for any and all liability for damages arising from furnishing the requested information to HealthSource Integrated Solutions. A credit report detailing personal financial history may also be obtained as part of this background check.

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

## Name (Printed) Signature

## Date

Maiden Name and/or other names known by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State driver’s license issued: \_\_\_\_\_\_\_\_\_\_\_

HealthSource, TMHCS and SASS currently verifies information with:

* Bureaus of Investigation
* Credit
* Prior employment
* References
* Education

According to the Fair Credit Reporting Act, applicants are entitled to know if insurance or employment is denied because of information obtained by the prospective employer from a consumer-reporting agency.