TREASURE HEALTHCARE, LLC

Employment Application

Applicant Information

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

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Phone: Have you lived in Summit County in the past five (5) years? ____Yes ___No If no, where?

Date Available: _____ Social Security No.: _____ Desired Salary: $ _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain:

_____

Have you ever been in the U.S. Military or Armed Reserves? YES ☐ NO ☐

Availability

Indicate Times Your Available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

References

Please list three professional references.

Full Name:

Phone Number: Relationship:

Full Name:

Phone Number: Relationship:

Full Name:

Phone Number: Relationship:

Education

High School: ______ Address: ______

From: ______ To: ______ Did you graduate? YES ☐ NO ☐ Diploma: ______

College: ______ Address: ______

From: ______ To: ______ Did you graduate? YES ☐ NO ☐ Degree: ______

Other: ______ Address:

From: ______ To: ______ Did you graduate? YES ☐ NO ☐ Degree: ______

Previous Employment

PLEASE LIST MOST RECENT HEALTHCARE POSITION E

Company: ______ Phone: ______

Address: ______ Supervisor: ______

Job Title: ______ Starting Salary: **$** ______ Ending Salary: **$** ______

Responsibilities: ______

From: ______ To: ______ Reason for Leaving: ______

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______ Phone: ______

Address: ______ Supervisor: ______

Job Title: ______ Starting Salary: **$** ______ Ending Salary: **$** ______

Responsibilities: ______

From: ______ To: ______ Reason for Leaving: ______

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______ Phone: ______

Address: ______ Supervisor: ______

Job Title: ______ Starting Salary: **$** ______ Ending Salary: **$** ______

Responsibilities: ______

From: ______ To: ______ Reason for Leaving: ______

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Reference Check

Job _____ Spoke to: _____ Hire Date _____ Separation Date _____

Re-hire: Yes/N0 If no, state reason

_____

_____

WORK PERFORMANCE	***EXCELLENT TO POOR***
ATTENDENCE/PUNCTUALITY	**10 9 8 7 6 5 4 3 2 1**
COOPERATION WITH CO-WORKERS	**10 9 8 7 6 5 4 3 2 1**
COOPERATION WITH SUPERVISORS	**10 9 8 7 6 5 4 3 2 1**
INDEPENDENTWORK ABILITY	**10 9 8 7 6 5 4 3 2 1**
INITIATIVE	**10 9 8 7 6 5 4 3 2 1**
LEARNING ABILITY	**10 9 8 7 6 5 4 3 2 1**
QUALITY OF WORK	**10 9 8 7 6 5 4 3 2 1**
QUANTITY OF WORK	**10 9 8 7 6 5 4 3 2 1**

Following Action:

Schedule Interview: Yes/No
If yes, interview date: ___/___/___

Disqualified Applicant: Yes/No
If yes, explain: _____

_____ _____

Supervisor Signature **Date**