

APPLICATION FOR EMPLOYMENT

NEOCHC is an equal opportunity employer and complies with the Americans with Disabilities Act. If you require assistance in order to complete this application, please request assistance from the NEOCHC Human Resources Office.

Please type or use black ink

PERSONAL

Name:			SSN:		
Address:			Home Telephone:		
City:	State:	Zip:	Cell Telephone:		
			Email:		

Are you eligible to work in the United States?	Yes:	No:
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Are you or have you been employed with NeoHealth?	Presently Employed From:	Previously Employed From: To:
Yes: No:		

POSITION APPLIED FOR:

MILITARY SERVICE	
Branch of Service:	Dates of Service:

EDUCATION				
Did you graduate high school or achieve a GED?			Yes:	No:
University, College, Trade, Business or Correspondence School Completed	Applicants may be required to present proof of graduation	Did you graduate:	Yes:	No:
Name of School	Specialty or Major	Degree Earned/Date		

TRAINING/SKILLS			
Are you bilingual?	Yes:	No:	Language:
List training/skills which would qualify you for the position you seek:			

LICENSES/CERTIFICATES		
List all current and valid licenses you hold such as Drivers, RN, LPN, Attorney, Engineer, Accountant, etc.		
Type	License Number	Expiration Date
Drivers License - Operator/Commercial		

EMPLOYMENT HISTORY

List all employment (including military service years relevant to the position for which applying. Begin with your present or most recent job.

Job Title:	Supervisor Name/Title:		
Employer:	Number of Employees Supervised:		
Address:	Employment Dates: (Month,Year)		
City, State, Zip:	From:	To:	
Employer Telephone:	Full Time _____	Part Time _____	Salary: \$
Description of work performed:			
May we contact your present employer? Yes: _____ No: _____			

Job Title:	Supervisor Name/Title:		
Employer:	Number of Employees Supervised:		
Address:	Employment Dates: (Month,Year)		
City, State, Zip:	From:	To:	
Employer Telephone:	Full Time _____	Part Time _____	Salary: \$
Description of work performed:			

Job Title:	Supervisor Name/Title:		
Employer:	Number of Employees Supervised:		
Address:	Employment Dates: (Month,Year)		
City, State, Zip:	From:	To:	
Employer Telephone:	Full Time _____	Part Time _____	Salary: \$
Description of work performed:			

BACKGROUND

Have you ever been convicted of any crime other than a minor traffic violation:	Yes _____	No _____
<i>If yes, list ALL such offenses: A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated along with your qualifications in relation to the job for which you are applying.</i>		

APPLICATION SOURCE - How did you hear about this job vacancy?

Career/Job Fair _____	TV _____	Newspaper _____	Name: _____	Walk In _____	Other: _____
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I certify that I have made no willful misrepresentations in this application, nor have I withheld information in my statements and answers to questions. I am aware that the information given by me in my application will be investigated with my full permission, and that any misrepresentation or omissions may cause my application to be rejected.

Signature of Applicant

Date

For NEOCHC Use Only:	Position:		
Interview Date:	Person Conducting Interview:		
Interview Time:			
Facility Assigned:			
Hire Date:	Hourly Rate:	Supervisor's Name:	