



## 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:
--	------	-----

Are you or have you been employed with NeoHealth?	Presently employed (mm/yyyy)	Presently employed (mm/yyyy)
Yes: No:	From:	From: To:

### 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:			

TRAINING/SKILLS		
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 you are 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: \_\_\_

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.

**REFERENCES**

Name	Address	Job Title & Company	Telephone

**APPLICATION SOURCE – How did you hear about this job vacancy?**

Career/Job Fair: \_\_\_ TV \_\_\_ Newspaper \_\_\_ Name: \_\_\_ Walk In: \_\_\_ Other: \_\_\_

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: \_\_\_\_\_

<b>For NeoHealth Use Only:</b>	Position:		
Interview Date:	Person Conducting Interview:		
Interview Time:	Facility Assigned:		
Hire Date:	Hourly Rate:	Supervisor's Name:	