



Application for Employment

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, martial or veteran status, sexual orientation or the presence of a non-job-related medical condition or handicap.

Please return your completed application to the Corporate Headquarters, Attention Human Resource Department.

Division 40

1645 Murfreesboro Rd., Suite E Nashville, TN 37217

Ph: (615) 361-8306 ♦ Fax: (615) 250-3593

Date of Application:

Position(s) Applied For:

How were you referred to us?

Newspaper Ad

School

On My Own

Current Employer

Agency

Other

Name of referral source:

Please Write Legibly

Name:

Address:

City:

State:

Zip:

Home Phone:

Cell Phone:

Email Address:

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, date:

Have you ever been employed here before? Yes No If yes, date:

On what date would you be available to work?

Are you available to work: Full-Time Part-Time Temporary

Do you have any commitments to another job that may affect your employment with us? Yes No

If yes, please explain:

Can you travel if a job requires it? Yes No

Do you have a vehicle? Yes No

Do you have a valid driver's license? Yes No

EMPLOYMENT HISTORY

Please list PRESENT employer or MOST RECENT employer FIRST. You may include any verified work performed on a volunteer basis. Use an additional sheet if necessary.

Employer	Date Employed		Supervisor's Name
	From (mm/yy)	To (mm/yy)	
Address	Salary		Your Job Title
Telephone	Begin	End	May we contact this employer? Yes No

Your Job Duties and Responsibilities:

Reason for Leaving:

Employer	Date Employed		Supervisor's Name
	From (mm/yy)	To (mm/yy)	
Address	Salary		Your Job Title
Telephone	Begin	End	May we contact this employer? Yes No

Your Job Duties and Responsibilities:

Reason for Leaving:

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	From (mm/yy)	To (mm/yy)	
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Telephone	Begin	End	May we contact this employer? Yes No

Your Job Duties and Responsibilities:

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	From (mm/yy)	To (mm/yy)	
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Telephone	Begin	End	May we contact this employer? Yes No

Your Job Duties and Responsibilities:

Reason for Leaving:

EDUCATIONAL DATA

School	Print Name, number and Street, City, State and Zip Code for each School Listing		Graduated? Yes/No	Type of Degree
High School				
College				
Graduate School				
Trade, Business, Night, or Correspondent				
Other				

REFERENCES (NOT EMPLOYERS OR RELATIVES – AT LEAST THREE)

Name and Address	Occupation	Phone

Please include any other information you think would be helpful to us in considering you for employment, such as special skills, additional experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or handicap.)

AGREEMENT (Please read the following statements carefully)

- I. I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

- II. In consideration of my employment, I agree to conform to the rules and regulations of HEATH CONSULTANTS INCORPORATED. I understand that this employment application and any other Company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the Company at any time for any reason, with or without notice and with or without cause. I understand that no management official, other than the president or a vice president of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to this. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

- III. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

- IV. I understand that any job offer made to me by HEATH CONSULTANTS INCOPORATED is conditioned upon the results of a drug test and/or a physical examination which may include a test to determine the use of marijuana, alcohol and/or other drugs.

SIGNATURE (Applicant)

Date

FOR EMPLOYEE SERVICE DEPARTMENT USE ONLY

Arrange Interview

Remarks

Employed

Date of Employment

Job Title

Hourly Rate/
Salary

Department

By

EEO-1 Self-Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

(If also a federal contractor/subcontractor – add this clause): As employers/government contractors, we also comply with government regulations including but not limited to affirmative action responsibilities as required under Executive Order 11246, Section 503 of the Rehabilitation Act of 1973, section 4212 of the Vietnam Era Veterans Readjustment Act of 1974 and Veterans Employment Opportunities Act (VEOA) of 1998.

This data is for periodic government reporting and will be kept in a *Confidential File* separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied For _____

Referral Sources: Advertisement Friend Relative Walk-In
 Employment Agency Company Website Other

Name _____ Phone () _____
 LAST FIRST MIDDLE

Address _____
 NUMBER STREET CITY STATE ZIP CODE

EEO-1 Survey

If you wish to be identified, please sign below and complete the survey:

Signed: _____

Check one: Male Female

{Please Finish Survey on Back of Page}

EEO-1 Survey (Continued)

Ethnicity:

Are you Hispanic or Latino?

- No, I am **not Hispanic or Latino**.
- Yes, I am **Hispanic or Latino**: A person of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanish culture or origin, regardless of race.

Race – IMPORTANT - Only complete this section if you checked “No, I am not Hispanic or Latino” in the Ethnicity section above:

What is your race? Select **ONE** of the following categorie(s):

- White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American** – A person having origins in any of the Black racial groups of Africa.
- American Indian/Alaskan Native** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Asian**– A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races** – All persons who identify with more than one of the above five *rac*es.

(If federal contractor/subcontractor with affirmative action obligations – add the following section) Check if the following is applicable:

- Veteran** - As defined under one or more of the following:
- served on active duty for a period of more than 180 days, and any part of which occurred between August 5, 1964 and May 7, 1975 and were discharged or released other than dishonorably; or,
 - was discharged or released from active duty for a service connected disability if any part of the active duty was performed between August 5, 1964 and May 7, 1975; or
 - who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized (such as The Persian Gulf, El Salvador, Grenada, Lebanon, Panama, Southwest Asia, Haiti, Somalia & Bosnia); or
 - one who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of discharge or release from active duty (recently separated veteran).

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____ Date _____
