



NeoHealth Employment Application

Thank you for your interest in NeoHealth. NeoHealth is an equal opportunity employer and complies with State and Federal Employment Laws. If you require assistance in order to complete this application, please request assistance from the NeoHealth Human Resources Office. **Please Type or Use Black Ink**

Personal			
Full Name:		Home Phone:	
Address:		Cell Phone:	
City:	State:	Zip:	Email:
Position Applied For:		Site Preference:	
Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed with NeoHealth? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates previously employed with NeoHealth:			

Education		
Did you graduate High School or achieve a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list any University, College, Trade, Business, or Correspondence School completed:		
<i>Name of School</i>	<i>Specialty or Major</i>	<i>Certification/Degree Earned</i>

Training/Skills		
Are you Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No Languages Spoken:		
List Training/Skills which would qualify you for the position you seek:		
List all current and valid licenses you hold, such as Driver's, RN, LPN, Attorney, Engineer, Accountant, Etc.		
<i>Type</i>	<i>License Number</i>	<i>Expiration Date</i>
Driver's License		

Employment History			
List all employment. Begin with your present or most recent job.			
Job Title:		Employer:	
Supervisor Name:	Title:	Number of Employees Supervised:	
Address:	City, State, Zip:	Employer Phone:	
Dates of Employment:	to	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Description of Work Performed:			
Are you currently employed with this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Job Title:		Employer:	
Supervisor Name:	Title:	Number of Employees Supervised:	
Address:	City, State, Zip:	Employer Phone:	
Dates of Employment:	to	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Description of Work Performed:			

Job Title:		Employer:	
Supervisor Name:	Title:	Number of Employees Supervised:	
Address:	City, State, Zip:	Employer Phone:	
Dates of Employment:	to	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Salary: <input type="checkbox"/> Hourly <input type="checkbox"/> Annually
Description of Work Performed:			

Availability					
Please list the times you are available to work:					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Background
Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please 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	Phone

Application Source
How did you hear about this vacancy? <input type="checkbox"/> Social Media: _____ <input type="checkbox"/> Career/Job Fair <input type="checkbox"/> Walk-In <input type="checkbox"/> Website <input type="checkbox"/> NeoHealth Employee: _____ <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> Other: _____

I certify that I have made no willful misrepresentations in the 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: _____

Date: _____

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