

APPLICATION FOR EMPLOYMENT
FELLOWSHIP HEALTH RESOURCES, INC.

FELLOWSHIP HEALTH RESOURCES is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, national origin, age, disability, ancestry, genetics, veteran status or any other category protected by law.

PERSONAL DATA:

Date:

Name:
Last First Middle Initial

1. Social Security Number:

2. Street:

City: State: Zip Code:

3. Home Telephone: Business Telephone:(Optional)

Email Address:

4. How Were You Referred To Us?
Newspaper Ad Walk In Agency Job Fair School Employee
CareerBuilder Craigs List FHR Website Job of Month Internet Other

Name of Referral Source:

5. Are you legally authorized to work in the United States? Yes No

Note: If you are hired, you will be required to submit proof of legal right to work in the United States.

6. Are you over 18 years of age? Yes No

7. If no, are you over 16 years of age? Yes No

POSITION/AVAILABILITY:

1. Indicate the position for which you are applying:

2. Type of employment desired:

Regular: Full-Time Part-Time

Temporary: Full-Time Part-Time

3. Shift Desired: Day Evening

4. Salary Desired:

5. When could you start?

6. Have you ever worked for this organization before? Yes No
 If yes, please specify date, program, and location:

Have you ever applied for employment with this organization before? Yes No
 If yes, please specify date, program, and location:

EMPLOYMENT HISTORY:

1. List below the names of all your employers (you may list volunteer positions as well as paid positions, if you wish). List present employer or most recent employer first.

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	REASON FOR LEAVING	TITLE AND NATURE OF WORK	NAME AND TITLE OF IMMEDIATE SUPERVISOR	RATE OF PAY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Are you employed now? Yes No
 If yes, may we contact your present employer? Yes No

Do you have any commitments to another employer that might affect your employment with us?

4. Are you subject to any restrictive covenants from prior employment, such as agreements to protect confidential or proprietary information or agreements not to compete? If so, please explain:

EDUCATIONAL DATA:

TYPE OF SCHOOL	NAME AND ADDRESS	MAJOR OR COURSE OF STUDY	GRADUATED (YES OR NO)	DEGREE
High School:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
College:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

College:				
Graduate School:				
Trade/Business School:				
Other:				

Subjects of Special Study or Research Work:

MISCELLANEOUS:

1. Were you in the U.S. Armed Forces? Yes No

a. If yes, what Branch?

b. Dates of Duty: From To

c. Rank at Separation:

d. Briefly describe your duties:

Note: This organization does not discriminate on the basis of National Guard or Reserve Unit Duty obligations.

2. Please list any other information you think would be helpful to us in considering you for employment, such as organizations, activities, accomplishments, computer skills, etc. Exclude all information indicative of age, sex, sexual orientation, race, religion, color, national origin, genetics, disability, veteran status, or any other category protected by law:

AGREEMENT: (Please read the following statements carefully).

I certify that all information on this application, and any other material provided by me, is true and complete. I agree that falsified information, misrepresentations or omissions on this application, or any accompanying resume or other materials, will disqualify me from consideration for employment and will be considered justification for dismissal whenever discovered.

Unless otherwise noted, I authorize Fellowship Health Resources, Inc. (FHR), or its agent, to investigate and/or verify all information in this application, including contacting all persons, schools, current employer (if applicable), previous employers and other individuals or entities named herein (and those named on accompanying resume, if any). I hereby authorize my former employers and other third parties named on this application to release information pertaining to my work record, habits and performances. In doing so, I hereby release them and FELLOWSHIP HEALTH RESOURCES and its agents from all liability that may flow from the release of such information.

I understand that if I am hired, my employment will be on an at-will basis, for no definite term. As such, I understand that I will enjoy the right to terminate my employment at any time, and that FHR will similarly enjoy the right to terminate my employment, at any time, with or without cause. This status can only be modified by a written document setting forth such modification, signed by both me and an authorized representative of FHR. I further acknowledge that I am expected to abide by all organization rules, regulations, and policies, written or unwritten, but that such rules, regulations and policies do not create a contract between me and FHR or otherwise restrict the right of either party to terminate the employment relationship.

I agree that employment is contingent upon acceptable results of background checks, driving record check and supervisory references.

Signature:

Date: