

**Employment Application**

Date: \_\_\_\_\_

Applicant First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Position applying for or type of work desired: \_\_\_\_\_

Type of employment: \_\_\_\_\_ full time \_\_\_\_\_ part time \_\_\_\_\_ temporary

Date you will be able to begin work? \_\_\_\_\_

Email: \_\_\_\_\_

Are you able to meet the attendance requirements?

Yes \_\_\_\_\_

No \_\_\_\_\_

Do you have any objection to work overtime if necessary?

Yes \_\_\_\_\_

No \_\_\_\_\_

Can you travel if required by this position?

Yes \_\_\_\_\_

No \_\_\_\_\_

Have you ever been previously employed by our company?

Yes \_\_\_\_\_

No \_\_\_\_\_

Can you submit proof of legal employment authorization and identity?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you are under age 18, can you furnish a work permit if required?

Yes \_\_\_\_\_

No \_\_\_\_\_

Within the last 7 years, have you been convicted of a felony?

Yes \_\_\_\_\_

No \_\_\_\_\_

**\*Do not include Expunged matters**

If you answered yes to the previous question, please explain (a conviction will not automatically bar employment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged from employment for harassment (including sexual harassment), theft, misappropriation of property, fighting, assault or related offense?

Yes \_\_\_\_\_

No \_\_\_\_\_

If you answered yes to the previous question, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to perform essential functions of the job for which you are applying, with or without reasonable accommodation?

Yes \_\_\_\_\_

No \_\_\_\_\_

How were you referred to us? \_\_\_\_\_

On a scale of 1 – 10, how lucky in life do you consider yourself to be? \_\_\_\_\_

Example: 1 – Bad things seem to always happen to me.  
5 – I am about as lucky as the average person.  
10 - Good things always seem to happen to me!



## Employment History

Please provide all employment information for your past four employers beginning with the most recent.

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Immediate Supervisor's name and title:** \_\_\_\_\_

**Dates employed from:** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Immediate Supervisor's name and title:** \_\_\_\_\_

**Dates employed from:** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Immediate Supervisor's name and title:** \_\_\_\_\_

**Dates employed from:** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Position Held:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Immediate Supervisor's name and title:** \_\_\_\_\_

**Dates employed from:** \_\_\_\_\_ **to** \_\_\_\_\_ **Salary:** \_\_\_\_\_

**Job summary:** \_\_\_\_\_

**Reason for leaving:** \_\_\_\_\_



If you could be a superhero, who would you be and why?

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## Other Skills and Qualifications

Please summarize any job-related training, skills, certifications, and/or other qualifications that you possess:

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If a theme song played every time you entered a room, what would it be and why?

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## Education

List school name and location, years completed, course of study, and any degrees earned:

High School: \_\_\_\_\_

College: \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

## Professional References

Please list 3 reference names, telephone numbers, and years known:

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Confluent Health, LLC and all of its entities are an equal opportunity employers and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

I understand that as a condition of being employed I must sign and date a Disclosure of Intent to obtain Consumer Reports or Investigative Consumer Reports authorizing Confluent Health to obtain Consumer or Investigative Consumer Reports, including criminal background checks.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is not specified length of employment and that this does not constitute an agreement or contract for employment. Accordingly, either I or Confluent Health, LLC can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_