

Employment Application

Position You Are Applying For:_____ **Desired Salary:** _____

Date Available to Work:_____ **Do you have reliable transportation:** [☐] Yes [☐] No

PERSONAL INFORMATION			
Last Name:	First:	Middle:	
Address:	City:	State:	Zip:
Home phone:	Cell:	Email:	
Social Security#:			
Driver's license Number and Expiration Date:			
Are you a U.S. Citizen: [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No Are you 18 years of age or older? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] NO			
Have You Ever been convicted of a felony? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No			
If selected for employment are you willing to submit to a pre-employment drug screening test? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No			
Have you ever applied to work for Healing House, LLC before? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No If yes when?			
Do You have any Friends, relatives, or acquaintances working for Healing House, LLC. [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No If yes, State name & relationship:			
Do you have any conditions in which would require job accommodations? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No If yes, please explain:			

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

EMPLOYMENT (Please attach resume to this form with previous employment listed)		
Employer:	Date Employed:	to:
Work phone:	Pay Rate:	
Address:		
Position		
Duties Performed:		
Supervisor's Name and Title:		
Reason for leaving:		
May we Contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you have any military experience? ☐ Yes ☐ NO

If yes please explain:

REFERENCES			
Names	Title	Company	Phone

Additional Information:

Professional License Number (if applicable):

CAQH Number (if applicable):

AT-WILL EMPLOYMENT

The relationship between applicant and Healing House, LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Healing House, LLC . You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and Healing House's Director or CEO.

Acknowledgement and Authorization
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[] I Certify that all answers given herein are true and complete to the best of my knowledge

[] I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

[] In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

Office use only

Received by:

Date: