



### Employment Application

Applicant name: \_\_\_\_\_ Date: \_\_\_\_\_

Position(s) applied for or type of work desired: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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

Date you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any objection to working overtime if necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if required by this position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been previously employed by our organization? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you submit proof of legal employment authorization and identity? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are under 18, can you furnish a work permit if it is required? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a felony in the last 7 years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain (a conviction will not automatically bar employment): \_\_\_\_\_

Drivers license number (if driving is an essential job duty): \_\_\_\_\_

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

How lucky in life do you consider yourself to be on a scale of 1-10? \_\_\_\_

Example: 1= I don't know why, but bad things always seem to happen to me  
 5= I'm about as lucky as the average person  
 10= I don't know why, but good things happen to me

### Employment History

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

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

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

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

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

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_

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

Immediate supervisor and title: \_\_\_\_\_

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

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

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



Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Immediate supervisor and title: \_\_\_\_\_  
 Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
 Job summary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Position held: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 Immediate supervisor and title: \_\_\_\_\_  
 Dates employed: from \_\_\_\_\_ to \_\_\_\_\_ Salary: \_\_\_\_\_  
 Job summary: \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

If you were a super hero, who would you be and why?

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**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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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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**Educational History**

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

High school: \_\_\_\_\_  
 College: \_\_\_\_\_  
 Technical Training: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Professional References**

List 3 references names, telephone numbers, and years known.

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We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any 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 hereby authorize Confluent Health, LLC to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release Confluent Health, LLC from liability and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

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 no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I 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: \_\_\_\_\_



**CONFLUENT HEALTH  
DISCLOSURE OF INTENT TO OBTAIN  
CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, Confluent Health may obtain consumer reports on you as an applicant or from time to time during your employment. "Consumer reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For such employment purposes, Confluent Health may also obtain investigative consumer reports. Some reference checks by a consumer reporting agency fall into this category. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to request disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

**AUTHORIZATION**

**I authorize Confluent Health to obtain consumer reports and/or investigative consumer reports (which includes criminal background checks) regarding me from time to time for employment purposes.**

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

Print Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Other Driver's Licenses Held in Past 5 Years: \_\_\_\_\_

Print Maiden or Other Names Under Which Records May Be Listed: \_\_\_\_\_

Date of Birth (to be used only for proper identification): \_\_\_\_\_

States and Counties Resided in Past 5 Years: \_\_\_\_\_

**ATTACHMENT A**