

Pioneer Health Services, Inc.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Referral Source: _____

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on the back of this application. In reading and answering the following questions are aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job related information.

Job Applied For _____ Today's Date _____

Are you seeking Full-Time _____ Part-Time _____ PRN _____ employment? When could you start work? _____

(Last Name) (First Name) (MI) (Telephone Number)

(Present Street Address) (City) (State) (Zip Code)

Are you 18 years of age or older? Yes _____ No _____ Social Security Number (Optional) _____

If hired can you submit proof of age Yes _____ No _____ and proof of eligibility to work in the United States Yes _____ No _____

Have you ever applied here before? Yes _____ No _____ If yes, when? _____

Were you ever employed here before? Yes _____ No _____ If yes, when? _____

Have you ever been convicted of any law violation (do not include minor traffic violations)? Yes _____ No _____

If yes give details _____

(A "Yes" answer does not automatically disqualify you from employment since the nature of the offense, date and job you are applying for are also considered.)

Are you now or do you expect to be engaged in any other business or employment? Yes _____ No _____

If "Yes" please explain: _____

How many days of work have you missed during the past year? (Exclude absences due to disability or those covered by FMLA) _____

For Driving Jobs Only: Do you have a valid driver's license? Yes _____ No _____ Drivers License Number: _____

State License Issued In : _____ Class of License: _____ Endorsements: _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes _____ No _____

If "Yes" give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status) _____

LIST NAMES AND ADDRESSES OF SCHOOLS

Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
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High School/ GED: _____

College or University: _____

Vocational/Technical: _____

What skills or additional training do you have that relate to the job you are applying for? _____

What machines or equipment can you operate that relates to the job for which you are applying: _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

(Name of Employer) (Address, City, State and Zip Code) (Phone Number) (Supervisor)

Dates of employment: From: ___/___/___ To: ___/___/___ Starting Pay Rate: _____ Final Pay Rate: _____

Reason for Leaving: _____ Job Duties: _____

(Name of Employer) (Address, City, State and Zip Code) (Phone Number) (Supervisor)

Dates of employment: From: ___/___/___ To: ___/___/___ Starting Pay Rate: _____ Final Pay Rate: _____

Reason for Leaving: _____ Job Duties: _____

(Name of Employer) (Address, City, State and Zip Code) (Phone Number) (Supervisor)

Dates of employment: From: ___/___/___ To: ___/___/___ Starting Pay Rate: _____ Final Pay Rate: _____

Reason for Leaving: _____ Job Duties: _____

(Name of Employer) (Address, City, State and Zip Code) (Phone Number) (Supervisor)

Dates of employment: From: ___/___/___ To: ___/___/___ Starting Pay Rate: _____ Final Pay Rate: _____

Reason for Leaving: _____ Job Duties: _____

Have you ever worked or attended school under any other name? Yes ___ No ___ If "Yes" give names: _____

Are you presently employed? Yes ___ No ___ If "Yes" whom do you suggest we contact: _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any and all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any and all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

Signature _____ Date _____

APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. Various agencies of the government require employers to invite applicants to identify themselves as indicated below.

Completion of this form is voluntary and in no way affects the decision regarding your application for employment. This form is confidential and will be maintained separately from your application packet. The expanded categories are required by the Equal Employment Opportunity Commission for 2007.

PLEASE PRINT

Name	_____	_____	_____	Date	____/____/____
	<small>Last</small>	<small>First</small>	<small>Middle</small>		
Position Applied For (List only one)	_____				
What is your sex?	_____ Male	_____ Female			
What is your race/ethnic origin?	_____ White	_____ Hispanic or Latino	_____ Asian		
	_____ Black or African American	_____ Native Hawaiian or Other Pacific Islander			
	_____ American Indian or Alaska Native	_____ Two or more Races			

Are you a Vietnam Era Veteran?	_____ Yes	_____ No
A person who served on active duty for a period of more than 180 days any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released from service with other than a dishonorable discharge or for a service connected disability.		
Are you a disabled veteran?	_____ Yes	_____ No
A person entitled to disability compensation under laws administered by the Veterans Administration for disability rated at 30% or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.		
Do you have a mental or physical disability?	_____ Yes	_____ No
A person who has a mental or physical impairment that substantially limits one or more major life activities, who has a record of impairment, or who is regarded as having such an impairment.		