

# Fresh Blossom

## Health Services Application for Employment

PLEASE PRINT

CURRENT AS OF 10/97

SEND BACK TO  
7401 Colonel Glenn Rd  
P.O. Box 46347  
Little Rock Ark 72214

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for \_\_\_\_\_ Date of application 1/1

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
LAST FIRST MIDDLE

Telephone # ( ) \_\_\_\_\_ Mobile/Beeper/Other Phone # ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

If you are under 18, and it is required, can you furnish a work permit? .....  Yes  No  
If no, please explain \_\_\_\_\_

Have you ever been employed here before? If yes, give dates and positions \_\_\_\_\_  Yes  No

Are you legally eligible for employment in this country? .....  Yes  No

Date available for work \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ What is your desired salary range? ..... \$ \_\_\_\_\_

Type of employment desired  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Type of work schedule interested in (Check all that apply)  Days (1st Shift)  Evenings (2nd Shift)  Nights (3rd Shift)  Pool

Weekends  Split Shifts  Rotating Shifts  Overtime

Are you able to meet the attendance requirements of the position? .....  Yes  No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? .....  Yes  No

If yes, please provide date(s) and details \_\_\_\_\_  
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function \_\_\_\_\_ State \_\_\_\_\_

### Employment History

Provide the following information of your past three (3) employers, assignments or volunteer activities, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS		( )
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		
FROM	TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS		( )
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		
FROM	TO	EMPLOYER	TELEPHONE #
STARTING JOB TITLE / FINAL JOB TITLE	ADDRESS		( )
IMMEDIATE SUPERVISOR AND TITLE	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER			
REASON FOR LEAVING	HOURLY RATE/SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		

### References

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
( )	( )	
( )	( )	
( )	( )	

### Special/Related Training

List any special training that you've completed that may qualify you as being able to perform job-related functions in the position for which you are applying:

Comment on any additional related experience(s) you may have had that may qualify you as being able to perform job-related functions in the position for which you are applying. (For Example: Clinical Experience, Home Health Care, Urgent Care, Senior Care, Pharmacy, Voluntary Service, etc.):

### License and Certification Information

List all applicable licenses or certifications that you have and their expiration dates below:

LICENSE/CERTIFICATION	# (IF APPLICABLE)	DATE ISSUED	EXP. DATE
LICENSE/CERTIFICATION	# (IF APPLICABLE)	DATE ISSUED	EXP. DATE
LICENSE/CERTIFICATION	# (IF APPLICABLE)	DATE ISSUED	EXP. DATE

### Educational Background (if job related)

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

### Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



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