



HEALTH SERVICES, INC.

Innovating Quality Patient Care.™

Application for Employment

P.O. Box 70365
Montgomery, AL 36107

It is the policy of Health Services, Inc. to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

Personal Information

Last		First		MI	SSN#	Email	
Street Address			City	State	Zip	Home Phone	Mobile Phone
Are you entitled to work in the United States?				Yes	No	Are you 18 or older?	
				Yes	No		
Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant for employment)				Yes	No	If yes, please describe conditions:	
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation?				Yes	No	How did you hear about this opening?	

US Service Record

Military Service?	Yes	No	Branch:	Veteran of US Armed Forces?	Yes	No	Branch:
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Position Applied For

What position are you applying for?	Have you ever worked for Health Services, Inc. before?	Yes	No
Date Available for work:	If so, dates of employment:		
Salary Desired:	Seeking F/T or P/T work?		

Education

	Name and Location of School	Year Graduated	Major or Emphasis	Degree Recv'd
High School				
College/University				
Trade School				
Other				

List any applicable special skills, training or proficiencies.

Do you plan to continue school at any time in the near future?	Yes	No	If so, when?
Do you speak, write or understand any foreign languages?	Yes	No	Which Language(s)?

Professional Licenses or Certifications

Type	State - Date Issued	Expiration Date	License Number

Computer Skills

List programs you are proficient in and how long you used them:

Other Skills

List any other relevant skills you may have that would be beneficial to this position:

Work Related References			
Name	Title / Position	Company	Telephone

Prior Work History						
	Current/Most Recent Employer		Prior employer		Prior employer	
Company Name:						
Address:						
City, State, ZIP:						
Telephone:						
Name of Immediate Supervisor:						
Dates of Employment:	From	To	From	To	From	To
Position/Job Title						
Description of Duties:						
Rate of Pay:						
Reason for Leaving:						
May We Contact:	Yes	No	Yes	No	Yes	No

If needed, continue work history						
	Current/Most Recent Employer		Prior employer		Prior employer	
Company Name:						
Address:						
City, State, ZIP:						
Telephone:						
Name of Immediate Supervisor:						
Dates of Employment:	From	To	From	To	From	To
Position/Job Title						
Description of Duties:						
Rate of Pay:						
Reason for Leaving:						
May We Contact:	Yes	No	Yes	No	Yes	No

I hereby consent to submit to a urinalysis and/or other test as shall be determined by Health Services, Inc. in the selection process of applicants for employment for the purpose of determining substance use.	Yes	No
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<p>I hereby authorize Health Services, Inc., and/or its agents to investigate my background to determine any and all information of concern to my record. I authorize the release of this information by the appropriate agencies/investigating services to Health Services, Inc. I understand that this background investigation may include the checking of sources such as, but no limited to: Federal, State and County Criminal history records, driving records, social security number and address verification, and any professional licensing authorities.</p>	<p>Yes</p>	<p>No</p>
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APPLICANT’S CERTIFICATION AND AGREEMENT

PLEASE READ AND SIGN BELOW: (If there is any part of this statement you do not understand, please ask the interviewer about it before signing that statement.)

I certify that I have not knowingly withheld any information that may adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission of misstatement of material fact on this application or on any documents used to secure employment will be grounds for rejection of this application, or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Health Services, Inc. to thoroughly investigate my references, work records education and other matters related to my suitability for employment and further, authorize my current and former employers to disclose to Health Services, Inc. and any and all letters reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release Health Services, Inc., my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I further understand that Health Services, Inc. is a drug-free environment and that any job offer is contingent upon successful completion of a pre-employment drug screen.

I understand that nothing contained in the application or conveyed to me during any interview, which may be granted is intended to create an employment contract, implied or explicit, between me and Health Services, Inc. In addition, I understand and agree that if I am employed; my employment relationship with Health Services, Inc. is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no defined or determinable period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Health Services, Inc. and that no promises or representations contrary to the forgoing are binding on Health Services, Inc. unless made in writing and signed jointly by the CEO and myself.

Furthermore, if employed, I agree that any dispute arising out of the termination of our employment relationship shall be resolved pursuant to Health Services, Inc. personnel policies and procedures.

I understand and agree that any future changes in my title, duties, compensation, working conditions, and/or Health Services, Inc. benefits, policies and procedures will not alter our at-will agreements.

I understand that if offered employment, I will, as condition of employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

<p>Disclaimer - By signing, I hereby certify that the above information, to the best of my knowledge, is correct. I understand that falsification of this information may prevent me from being hired or lead to my dismissal if hired. I also provide consent for former employers to be contacted regarding work records.</p>	<p>Signature</p>	<p>Date</p>
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