Elevations Health Inc.

Application of Employment

Please type or print legibly in black ink.

Last:	First:	Middle:
Street Address:	City/State:	Zip Code:
Telephone: Cell Phone:	SS# DOB:	Date Available:

Have you ever employed by this company? Are you currently employed? Yes___ No___

May we contact your present employer? Are you prevented from Lawfully Yes___ No___

becoming employed In this country because of Visa or immigration status? Yes___ No___

Can you perform the essential functions of the job(s) For which you are applying with or without reasonable accommodations? Have you ever been convicted of a felony? Yes___ No___

Yes___ No___

Yes ___ No___

Type of work desired:_____

Wages desired: $_____per hour Salary desired: $_____per year

Are you available to work? Full Time_____ Part Time_____

For which schedules are you available? Day Time _____

Evening Time _____

Weekdays _____

Weekends _____

Elevations Health Inc.

Equal Opportunity/Affirmative Action Employer

Elevations Health Inc. is an equal opportunity employer opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state employment opportunity laws.

Education:

Name	Location of School	Graduated	Major	Diploma or Degree
High School				
College/University				
College/University				
Technical/Trade				

Special Skills, Qualifications and Considerations List any professional or occupational license, registration, or certification you currently hold (e.g. LISW, LPC
Licensure). If Licensure or certification is required for a position vacancy, a copy of the document must accompany the application.

_____
_____
_____
_____
_____

References:

List 3 non-relatives who are familiar with your qualifications and actual work history and ability.

Name	Occupation/Relationship	Years Known	Contact Number

Elevations Health Inc.

Employment Experience:

Start with your present or most current job and list your last four jobs in that order and We ask you to **Please Do Not Omit a job**.

Most Recent Employer:	Address:	Office Number:
Date Started:	Starting Salary/Wage:	Starting Position:
Date of Departure:	Ending Salary/Wage:	Ending Position:

Name and Title of Supervisor:_____

Description of Duties:

_____

_____

_____

Reason for Leaving:_____

_____

_____

Previous Employer:	Address:	Office Number:
Date Started:	Starting Salary/Wage:	Starting Position:
Date of Departure:	Ending Salary/Wage:	Ending Position:

Name and Title of Supervisor:_____

Description of Duties:

_____

_____

_____

Reason for Leaving:_____

_____

_____

Previous Employer:	Address:	Office Number:
Date Started:	Starting Salary/Wage:	Starting Position:
Date of Departure:	Ending Salary/Wage:	Ending Position:

Name and Title of Supervisor:_____

Description of Duties:

_____

_____

_____

Reason for Leaving:_____

_____

_____

Previous Employer:	Address:	Office Number:
Date Started:	Starting Salary/Wage:	Starting Position:
Date of Departure:	Ending Salary/Wage:	Ending Position:

Name and Title of Supervisor:_____

Description of Duties:

_____

_____

_____

Reason for Leaving:_____

_____

_____

Please account for all periods of unemployment, including military experience. Include any volunteer work that relates to the position for which you are applying.

PLEAE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK BEFORE SIGNING.

I certify that all answers and statements I have made on this application are true and complete without omissions. I understand that any false information will be grounds for refusal to hire or for immediate discharge If I am employed. I authorize the company to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools' companies or organizations and law enforcement, education, character, and qualifications and hereby release any said persons. Schools, companies or organizations and law enforcement agencies from any liability for any damage whatsoever for providing this information.

I understand that the use of illegal drugs' and alcohol is prohibited during employment. If company the requires, I am willing to submit to drug testing to detect the use off illegal drugs prior to and during employment.

I will be responsible for familiarizing myself with all rules and regulations of the company as the presently exist or are later modified. I understand the employment at this company is "at will", which means that either the company or I can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

I also understand that no representative of the company has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically state in a current written agreement signed by the CEO's.

I have read, understand, and agree with the above:

_____

Print Name: _____

Signature: _____

Date: _____

Elevations Health Inc.

Employment Candidate Background Check

Please print in all UPPERCASE (Each maiden name is charged as a separate search)

First Name: _____ _____ Maiden Name: _____

Last Name: _____ _____ Middle Name: _____

☐ Check here if maiden name is used as middle name

Birth Date: _____ Social Security#: _____

Driver's License #:	State of Issue:

Please list Addresses for the past 5 years:

Present Address: _____ County: _____

_____

Previous Address: _____ County: _____

_____

Previous Address: _____ County: _____

_____ _____

Applicant Signature Date

Elevations Health Inc.

Emergency Contact Form

Employee Name: _____ _____ DOB: _____

In case of an emergency, please notify:

(First Emergency Contact)

Emergency contact Name: _____

Relationship:_____

Address of Contact: _____

Phone Number: _____

(Secondary Emergency Contact)

Emergency contact Name: _____

Relationship:_____

Address of Contact: _____

Phone Number: _____

_____ _____

Signature of Employee Date