



Employment Application

Applicant Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone #: _____ Social Security #: _____

Position applying for or type of work desired: _____

Type of employment: _____ full time _____ part time _____ temporary

Date you will be available to begin work? _____

Are you able to meet the attendance requirements? Yes _____ No _____

Do you have any objection to work overtime if necessary? Yes _____ No _____

Can you travel if required by this position? Yes _____ No _____

Have you ever been previously employed by our company? Yes _____ No _____

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

If you are under age 18, can you furnish a work permit if required? Yes _____ No _____

Within the last 7 years, have you been convicted of a felony? Yes _____ No _____

***Do not include Expunged matters**

If you answered yes to the previous question, please explain (a conviction will not automatically bar employment):

Have you ever been discharged from employment for harassment (including sexual harassment), theft, misappropriation of property, fighting, assault or related offense? Yes _____ No _____

If you answered yes to the previous question, please explain:

Are you able to perform essential functions of the job for which you are applying, with or without reasonable accommodation? Yes _____ No _____

How were you referred to us? _____

On a scale of 1 – 10, how lucky in life do you consider yourself to be? _____

- Example: 1 – Bad things seem to always happen to me.
- 5 – I am about as lucky as the average person.
- 10 - Good things always seem to happen to me!



Employment History

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

Employer: _____ Position Held: _____

Address: _____ Phone: _____

Immediate Supervisor's name and title: _____

Dates employed from: _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____

Employer: _____ Position Held: _____

Address: _____ Phone: _____

Immediate Supervisor's name and title: _____

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Job summary: _____

Reason for leaving: _____

Employer: _____ Position Held: _____

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Employer: _____ Position Held: _____

Address: _____ Phone: _____

Immediate Supervisor's name and title: _____

Dates employed from: _____ to _____ Salary: _____

Job summary: _____

Reason for leaving: _____



If you could be a superhero, who would you be and why?

Other Skills and Qualifications

Please summarize any job-related training, skills, certifications, and/or other qualifications that you possess:

If a theme song played every time you entered a room, what would it be and why?

Education

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

High School: _____

College: _____

Technical Training: _____

Other: _____

Professional References

Please list 3 reference names, telephone numbers, and years known:

Confluent Health, LLC and all of its entities are an equal opportunity employers and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding and 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 understand that as a condition of being employed I must sign and date the attached Disclosure of Intent to obtain Consumer Reports or Investigative Consumer Reports authorizing Confluent Health to obtain Consumer or Investigative Consumer Reports, including criminal background checks (see Attachment A).

I understand that any misrepresentation or material omission made be 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 not specified length of employment and that this does not constitute an agreement or contract for employment. Accordingly, either I or 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