



### Application for Employment

HealthQuest is an EQUAL OPPORTUNITY EMPLOYER

**Personal Information...**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
City State Zip Code

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**What would you like to do at HealthQuest?**

Job Interest: \_\_\_\_\_ Part Time \_\_\_ Full Time

Shift(s) desired: Day \_\_\_\_\_ Evening \_\_\_\_\_ Weekend \_\_\_\_\_

Date Available: \_\_\_\_\_ Wage Desired: \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_ Yes \_\_\_ No  
(If offered employment, you will be required to provide documentation to verify eligibility.)

**Please tell us about yourself... Education, work experience and training**

High School: # of Yrs Completed (circle one) 1 2 3 4 Diploma: \_\_\_ Yes \_\_\_ No

School: \_\_\_\_\_ City/State: \_\_\_\_\_

College and/or Vocational School: Number of Years Completed (circle one): 1 2 3 4

School: \_\_\_\_\_ City/State: \_\_\_\_\_

Major: \_\_\_\_\_ Degrees Earned: \_\_\_\_\_

**Please list any additional information you would like us to consider (skills, training, licenses, etc.)**

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**Please list your last two places of employment...**

Employer \_\_\_\_\_

Position/Title \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary/Rate of Pay \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_

Position/Title \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Salary/Rate of Pay \$ \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Please list two people we can contact about your work experience**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Business: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Business: \_\_\_\_\_

**Please read carefully...**

I certify that the information I have provided in this application for employment is true and complete. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will eliminate me from consideration for employment, or may result in my immediate dismissal. I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, education, credit, and/or criminal history, subject to federal, state or local laws. I understand that if employed, the employment will be "at will". That is, either I or HealthQuest may end the employment relationship at any time, for any reason. I understand that receipt or acceptance of this application is not contracts of employment.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_