

## **International Health Care Services, LLC**

## **Employment Application**

| Applicant Information |                               |                   |  |                 |                 |  |  |  |  |  |
|-----------------------|-------------------------------|-------------------|--|-----------------|-----------------|--|--|--|--|--|
| Full Name:            |                               |                   |  | D               | OOB:            |  |  |  |  |  |
| Address:              | Last First                    |                   |  | М.І.            | (Date of Birth) |  |  |  |  |  |
| Address.              | Street Address                |                   |  | Apartment/L     | Init #          |  |  |  |  |  |
|                       | City                          |                   |  | State           | ZIP Code        |  |  |  |  |  |
| Phone: (              | ) E-mail Address:             |                   |  |                 |                 |  |  |  |  |  |
| Date Availab          | ole: Socia                    | Security No.:     |  | Desired Salary: | \$              |  |  |  |  |  |
| Position App          | lied for:                     |                   |  |                 |                 |  |  |  |  |  |
| Are you a cit         | izen of the United States?    | YES NO YES NO     | If no, are you authorized to work in the U.S.? |                 |                 |  |  |  |  |  |
| Have you ev           |                               |                   |  |                 |                 |  |  |  |  |  |
| Have you ev           | er been convicted of a felony | YES NO □ □        |  |                 |                 |  |  |  |  |  |
| If yes, explai        | n:                            |                   |  |                 |                 |  |  |  |  |  |
| Education             |                               |                   |  |                 |                 |  |  |  |  |  |
| High School           | :                             | Address           | ·<br>·   |                 |                 |  |  |  |  |  |
| From:                 | To:                           | Did you graduate? | YES NO   | Degree:         |                 |  |  |  |  |  |
| College:              |                               | Address           |  |                 |                 |  |  |  |  |  |
| From:                 | To:                           | Did you graduate? | YES NO   | Degree:         |                 |  |  |  |  |  |
| Other:                |                               | Address           | :<br>  |                 |                 |  |  |  |  |  |
| From:                 | To:                           |                   | YES NO   | Degree:         |                 |  |  |  |  |  |
|                       |                               | Refe              | erences  |                 |                 |  |  |  |  |  |
| Please list ti        | hree professional reference   | S.                |  |                 |                 |  |  |  |  |  |
| Full Name:            |                               |                   | Relationship:                                  |                 |                 |  |  |  |  |  |
| Company:              |                               |                   |  | Phone: <b>(</b> | )               |  |  |  |  |  |
| Address:              |                               |                   |  |                 |                 |  |  |  |  |  |
| Full Name:            |                               |                   | Relationship:                                  |                 |                 |  |  |  |  |  |
| Company:              |                               |                   |  | Phone: _(       | )               |  |  |  |  |  |
| Address:              |                               |                   |  |                 |                 |  |  |  |  |  |
| Full Name:            |                               |                   | Relationship:                                  |                 |                 |  |  |  |  |  |
| Company:              |                               |                   |  | Phone: _(       | )               |  |  |  |  |  |
| Address:              |                               |                   |  |                 |                 |  |  |  |  |  |

|   | Previous Employ     | ment           |             |                |    |  |  |  |  |
|---|---------------------|----------------|-------------|----------------|----|--|--|--|--|
| Company:  |                     |                | Phone:      | ( )            |    |  |  |  |  |
| Address:  |                     |                | Supervisor: |                |    |  |  |  |  |
| Job Title:  | Starting Salary:    | \$             |             | Ending Salary: | \$ |  |  |  |  |
| Responsibilities:   |                     |                |             |                |    |  |  |  |  |
| From: To:   |                     |                |             |                |    |  |  |  |  |
| May we contact your previous supervisor f   | for a reference?    | N <sub>1</sub> | _           |                |    |  |  |  |  |
| Company:  |                     |                | Phone:      | ( )            |    |  |  |  |  |
| Address:  |                     |                | Supervisor: |                |    |  |  |  |  |
| Job Title:  | Starting Salary:    | \$             |             | Ending Salary: | \$ |  |  |  |  |
| Responsibilities:   |                     |                |             |                |    |  |  |  |  |
| From: To:   |                     |                |             |                |    |  |  |  |  |
| May we contact your previous supervisor f   | for a reference?    | N <sub>0</sub> | _           |                |    |  |  |  |  |
| Company:  |                     |                | Phone:      | ( )            |    |  |  |  |  |
| Address:  |                     |                | Supervisor: |                |    |  |  |  |  |
| Job Title:  | Starting Salary:    | \$             |             | Ending Salary: | \$ |  |  |  |  |
| Responsibilities:   |                     |                |             |                |    |  |  |  |  |
| From: To:   | Reason for Leaving: |                |             |                |    |  |  |  |  |
| May we contact your previous supervisor for a reference?  |                     |                |             |                |    |  |  |  |  |
|   | Military Service    | се             |             |                |    |  |  |  |  |
| Branch:   |                     |                | From:       | To: _          |    |  |  |  |  |
| Rank at Discharge:  | e of D              | ischarge:      |             |                |    |  |  |  |  |
| If other than honorable, explain:   |                     |                |             |                |    |  |  |  |  |
| Disclaimer and Signature  |                     |                |             |                |    |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.  |                     |                |             |                |    |  |  |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |                     |                |             |                |    |  |  |  |  |
| Signature:  |                     |                |             | Date:          |    |  |  |  |  |