



## APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, or veteran status.

Last Name		First	Middle
Street Address			
City		State	Zip Code
Cell & Home Tel No.		Date Of Birth & Location	Social Security No. LATER
Are you a U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No ; If not, are you authorized to work in the U.S. on an unrestricted basis ? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Position applied for:	Desired Wage:
Referred by:	Date available:
Type of Employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Are you willing to work swing shift? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to work graveyard? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a drug free individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to submit to random drug testing with the intent to detect illegal drugs, substance abuse and alcohol abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of, or pleaded guilty or no contest to a felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details: _____ _____	
Answering "yes" will not automatically be a bar to employment. Factors such as time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account.	

Education	Name and Location	Year	Major	Degreeer	G.P.A.
High School					
College					
Business					
Honors and activities:					
List Licenses and Certifications:					
In addition to your work history, are there any other skills, qualifications, or experience we should consider?					
Foreign Languages:					

Name of References (Profession related preferred)	Telephone	Years known



# HealthScans, LLC



Initials & Date: \_\_\_\_\_

Employment History: (Start with most recent employer.)

Company Name:		Telephone no.:	
Address:			
From:	To:	Final Salary Rate: \$	Per
Supervisor Name & Title:		May we contact for reference? [ ] Yes [ ] No	
Starting Job Title:		Final Job Title:	
Job Responsibilities: _____ _____			
Accomplishments:			
Reason for Leaving:			

Company Name:		Telephone no.:	
Address:			
From:	To:	Final Salary Rate: \$	Per
Supervisor Name & Title:		May we contact for reference? [ ] Yes [ ] No	
Starting Job Title:		Final Job Title:	
Job Responsibilities: _____ _____			
Accomplishments:			
Reason for Leaving:			

Company Name:		Telephone no.:	
Address:			
From:	To:	Final Salary Rate: \$	Per
Supervisor Name & Title:		May we contact for reference? [ ] Yes [ ] No	
Starting Job Title:		Final Job Title:	
Job Responsibilities: _____ _____			
Accomplishments:			
Reason for Leaving:			

Company Name:		Telephone no.:	
Address:			
From:	To:	Final Salary Rate: \$	Per
Supervisor Name & Title:		May we contact for reference? [ ] Yes [ ] No	
Starting Job Title:		Final Job Title:	
Job Responsibilities: _____ _____			
Accomplishments:			
Reason for Leaving:			



Applicant Statement:

I, \_\_\_\_\_, authorize HealthScans LLC and representatives, to obtain all relevant information related to this application. The information sought would pertain to my character, ability, reputation, and past conduct. I authorize individuals, schools, companies, credit bureaus, and law enforcement agencies to release such information to a representative of HealthScans.

All employment with HealthScans is “employment at will”. This means that employment with HealthScans, including any current or future work assignments may be terminated with or without notice and with or without cause. In no event shall hiring or placement be construed as a contract of employment.

In submitting this application for employment, I authorize investigation of all statements contained herein, and it is understood and agreed that any misrepresentation (including omission of information) by me in this application will result in cancellation of the application and/or immediate termination of employment with HealthScans.

While on contract assignment with HealthScans, I agree not to solicit or take direct employment with HealthScans’s client(s), and with any of the client’s supplier of contract/staff augmentation personnel for that specific project/plant. This agreement is valid for a period of six (6) months following termination of work between HealthScans and it’s client(s).

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I also certify that I have read, fully understand and accept all terms of the above statements.

Signature \_\_\_\_\_

Date \_\_\_\_\_