

COMPASS HEALTH, INC. EMPLOYMENT APPLICATION

Your request for employment with a Compass Health, Inc. facility requires a pre-employment background check and if employment is offered, a physical screening.

AS AN EQUAL OPPORTUNITY EMPLOYER, Compass Health abides by all federal and state laws prohibiting employment discrimination solely on the basis of a person's race, ancestry, color, creed, national origin, religion, age, sex, sexual orientation, gender identity, marital status, handicap, pregnancy, physical or mental disability, medical condition, status as a Vietnam or special disabled veteran, or other protected characteristics (except where a reasonable accommodation for disabled and handicapped employees is not possible).

All questions must be answered carefully and completely. If you have a resume, you may attach it, but you MUST fill in the required information on the application form.

PLEASE TYPE OR PRINT

Name (Last/First/Middle)	Today's Date
Driver's license # State	Social Security No.
Have you ever worked under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name
Address	Phone No.
City State/Zip	Message Phone No.

EMPLOYMENT DESIRED

Position desired	Salary desired
Check type of employed desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call If not full time, days available <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	
What date would you be available to start work?	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL DATA

Have you ever applied to or been employed by Compass Health, Inc.? If yes, give dates _____ Facility _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives or friends working for Compass Health, Inc., facility? If yes, state name(s) and relationship _____ Facility _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if the job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying? If no, describe the functions that cannot be performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? If yes, state nature of crime(s), when, and where convicted and disposition of the case	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____	
Was separation an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please describe circumstances of discharge _____	
Military Training _____	

EMPLOYMENT EXPERIENCE

Start with your most recent job. Feel free to attach additional pages if necessary. You must complete this section even if attaching a resume. Dates of employment must be stated in months and years. Account for all periods of unemployment.

Employer	Dates Employed		Work Performed
	From	To	
Address			Supervisor: _____
Phone No.	Rate of Pay		May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title	Starting	Final	
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			Supervisor: _____
Phone No.	Rate of Pay		May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title	Starting	Final	
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			Supervisor: _____
Phone No.	Rate of Pay		May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title	Starting	Final	
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			Supervisor: _____
Phone No.	Rate of Pay		May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title	Starting	Final	
Reason for leaving			
Employer	Dates Employed		Work Performed
	From	To	
Address			Supervisor: _____
Phone No.	Rate of Pay		May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Job title	Starting	Final	
Reason for leaving			

EDUCATION AND TRAINING

Name and Location of School (Provide full name of schools, not initials)		Name and Date Of Degree Earned	Major and Minor Fields of Study
High School or Trade School		Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Tech/ Voc. School			
College(s)			
Other Training (Explain)			

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Office equipment
Computer software
Other

PROFESSIONAL REFERENCES

List three people you have worked with for at least one year.

Name	Address
Occupation	Phone No.
Company where you worked together	Number years acquainted
Name	Address
Occupation	Phone No.
Company where you worked together	Number years acquainted
Name	Address
Occupation	Phone No.
Company where you worked together	Number years acquainted

APPLICANT'S CERTIFICATION AND AUTHORIZATION

Read carefully. Initial each paragraph and sign and date below. If you have any questions regarding the following statements, please ask for assistance.

	I hereby certify I have not knowingly withheld any information which might adversely affect my chances of employment with Compass Health, Inc. and the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand any omission or misstatement of fact on this application or any documents used to secure employment shall be grounds for rejection of this application or immediate discharge if I am employed, regardless of the time elapsed before discovery.
	I hereby authorize Compass Health, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Compass Health, Inc. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Compass Health, Inc., and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Compass Health Inc.'s designated representative.

I HAVE READ AND UNDERSTAND THE ABOVE:

Applicant's Signature

Date