



# COMPASS HEALTH, INC. EMPLOYMENT APPLICATION

*All offers of employment with Compass Health, Inc. are contingent upon the completion of a pre-employment background check and 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.*

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	Email

## EMPLOYMENT DESIRED

<b>Position Desired:</b>	
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
Check type of Shift Availability (check all that apply)	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> NOC
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.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give dates _____ to _____ Facility _____	
Do you have any relatives or friends working for Compass Health, Inc., facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state name(s) and relationship _____ Facility _____	
If hired, would you have a reliable means of transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the job for which you are applying?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, describe the functions that cannot be performed:	
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination and to skill and agility tests.)	
Are you licensed/certified for the job applied for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Number of license/certification: _____ Issuing state: _____ Expiration: _____	
Has your license ever been revoked or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state reasons:	
Are you at least 18 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## EDUCATION AND TRAINING

Name and Location of School (Provide full name of schools, not initials)		Name and 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.

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## 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.
	In compliance with federal law, all persons hired will be required to verify eligibility to work in the United States and to complete the required eligibility verification document form upon hire.
	We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision security, safety, or morale, or if doing so could create conflicts of interest.

I HAVE READ AND UNDERSTAND THE ABOVE:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date