

ACCESS HEALTH INC.

Employment Application



access:health™
small changes start here

APPLICANT INFORMATION			
Last Name	First	MI	Date
Address			
City	State	ZIP	
Phone	Email		
Date Available	Desired Salary		
Position Applied For		Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Can you perform the essential functions of the position for which you are applying?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, explain: _____ <i>If you have any questions as to what functions are applicable to the position for which you are applying, please ask the interviewer/ HR before you answer this question.</i>			
Are you legally eligible to work in the United States? <i>If offered employment, you will be required to provide documentation to verify eligibility.</i>		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you 18 years of age or older?		YES <input type="checkbox"/> NO <input type="checkbox"/> If no, age _____	
Have you ever been convicted of a felony? <i>Yes answer does not necessarily preclude employment.</i>		YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?	
Is any relative (including but not limited to spouse, children, parents, siblings or in-laws) currently employed by this agency? If yes, who and where do they work?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you available to work: <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> FULL TIME If you cannot work full time, please explain:			

EDUCATION	
<i>Please indicate education or training which you believe qualifies you for the position you are seeking.</i>	
High School	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College and/or Vocational School	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Graduate Work	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other Training and/or Degrees	Address
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

<p>Have you completed any special courses, seminars, and/or training that would enable you to perform the position for which you are applying?</p> <p>If yes, please describe:</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>List academic honors, extracurricular activities, offices held, etc. in high school or college: <i>Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.</i></p>	

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
<i>Please list two personal references.</i>	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

PROFESSIONAL LICENSE, CERTIFICATION, MEMBERSHIP	
<i>You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status,, veteran status, or any other protected status.</i>	
Type Held	Number
Expiration Date	State
Type Held	Number
Expiration Date	State

EMPLOYMENT HISTORY	
Are you presently employed?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If presently employed, why are you considering leaving?	
If not presently employed, please describe why:	

EMPLOYMENT HISTORY (CONT.)

List current or most recent employer first, including U.S. Military Service. If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Company		Phone ()	
Address		Supervisor	
Position	Starting Salary	\$	Ending Salary \$

Responsibilities

Full Time Part Time No. of Hours

From To Reason for Leaving

May we contact your supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Position	Starting Salary	\$	Ending Salary \$

Responsibilities

Full Time Part Time No. of Hours

From To Reason for Leaving

May we contact your supervisor for a reference? YES NO

Company		Phone ()	
Address		Supervisor	
Position	Starting Salary	\$	Ending Salary \$

Responsibilities

Full Time Part Time No. of Hours

From To Reason for Leaving

May we contact your supervisor for a reference? YES NO

Account for any full month since leaving school (high school or college) that you were not working:

	From	To	Reason
Mo/Yr			
Mo/Yr			

Have you ever been discharged or asked to resign from a job? YES NO
If yes, explain:

SKILLS	
Please list any special skills, experience, and/or training that would enhance your ability to perform the position applied for:	
Please describe your computer skills:	

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain:	

DISCLAIMER AND SIGNATURE	
<p>I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Access Health, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Access Health, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.</p> <p>I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.</p> <p>I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.</p> <p>Access Health, Inc. is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.</p>	
Signature	Date
THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE. Return this application to: Access Health Inc., 1200 Ransom Muskegon, MI 49442, Attn: Human Resources	

Office Use Only – Do Not Write Below This Line

Employed YES NO

If Yes, Job Title: _____

Department: _____

Date Beginning Employment: _____

Compensation: \$ _____ per _____

Interviewed by: _____

Date: _____

Signed: _____
CEO/CFO

Date: _____