

APPLICATION FORM

Have A Heart Health Care Ltd. is an Equal Opportunity Employer

Position Applied For: _____

Name: (Last) _____ (First) _____ (Middle Name) _____				
SS#: _____	Date of Birth: _____			
Current Address: _____				
Tel Number: _____		Cell Phone Number: _____		
Emergency Contact Tel Number: _____	Email: (if applicable) _____			
Driver's License Number: _____ State Issued: _____				
EMPLOYMENT DESIRED				
Date you can start: _____		Salary Desired: _____		
Hours Available (check all that applies)				
<input type="checkbox"/> Part Time	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
<input type="checkbox"/> Temporary	<input type="checkbox"/> Sunday			
Are you currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes may we inquire from your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO				
Have you ever applied to this company before <input type="checkbox"/> YES <input type="checkbox"/> NO				
EDUCATION:	Name and location of School	Years attended	Did you Graduate	Subjects Studied
Grammar School				
High School				
College				
SPECIAL SKILLS:				
Subjects of specialty study/research work or training skills: _____				
U.S. Military or Naval Service: _____ Rank : _____				
Can you perform the essential functions of the position for which you have applied with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If no please explain: _____				
Have you ever been convicted of a Felony? (A conviction record will not necessarily eliminate your candidacy for employment. You do not need to disclose any convictions which have been discharged.)				
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes please explain fully, including the nature of the offense (s) and the date of the offense (s) conviction(s): _____				

EMPLOYMENT HISTORY		
Please fill in beginning with most recent employer:		
Company Name:		
Address:		
Tel Number:	Position:	Date From _____ to _____
Supervisor:	Starting Salary:	Final Salary
Job Description:		
Reason for leaving:		

Company Name:		
Address:		
Tel Number:	Position:	Date From _____ to _____
Supervisor:	Starting Salary:	Final Salary
Job Description:		
Reason for leaving:		

Company Name:		
Address:		
Tel Number:	Position:	Date From _____ to _____
Supervisor:	Starting Salary:	Final Salary
Job Description:		
Reason for leaving:		

References not related to you:				
Name	Address	Business Relation	Years Known	Telephone Number

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understanding, that if employed, falsified statement on this application shall be ground for dismissal. I authorized all investigation of statement contained herein and the references and employers I listed, to give you any/ all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the forgoing, unless it is in writing and signed by an authorized company representative

Applicant Signature: _____ Date: _____