Employment Application

To Applicant: We appreciate your interest in our organization and assure you that your qualifications will be seriously considered. A clear understanding of your background and work history will aid us in placing you in the position that best meets your experience. The use of this form does not in any way obligate Precision Healing, LLC. This application will be kept on file at least 90 days from the date of application. Precision Healing is an Equal Opportunity Employer. Qualified applicants will be considered for vacancies without regard to race, national origin, age, color, sex, religion, creed, disability, or Veteran/Vietnam Era status.

How were you referred to us:	Date of Application:

Applicant Data

Full Name:

Address:

City: State: Zip

Home Phone: _____ Cell Phone _____ E-Mail _____

Social Security # Are you eligible for employment in the United States? ☐ Yes ☐ No

Position(s) applied for:

Date Available to Start: Salary Requirement:

Have you ever been convicted of, been given probation OR deferred adjudication in lieu of sentencing, OR plead no contest for any offense, including misdemeanors, other than for minor traffic tickets? ☐ Yes ☐ No

If yes, please explain in detail:

Are you charged with an unresolved criminal offense? (Are you charged with a crime that has not yet resulted in a plea of guilty, convection, acquittal, deferred adjudication, probation, or dismissal of any charges?) ☐ Yes ☐ No

If yes, please explain in detail:

Note: A "yes" answer to these questions does not automatically disqualify you for employment. The nature and date of the crime/charge and type of job for which you are applying will be considered. However, falsification of this application will be sufficient cause for rejection of application or immediate dismissal of employment.

Do you have any relatives who work for or have worked for Precision? ☐ Yes ☐ No

If yes, who and how are they related? _____

Have you ever been involuntarily discharged from any position or job? ☐ Yes ☐ No

If yes, please provide a statement of the circumstances surrounding the discharge:

Education					
School	Name & Address	Month/Year Graduated	Highest Grade Completed	Course of Study	Diploma or Degree
High School					
College					
Vocational or Technical					
Other (Specify)					

If currently enrolled in an educational program, please explain and specify times available to work:

Have you served in the U. S. Armed Forces? ☐ Yes ☐ No

Explain any special training received that would be relevant for employment:

Skills, Licensure and Certifications

Summarize your special skills or qualifications:

Word Processing, Spreadsheet, and other software:

Are you bi-lingual? ☐ Yes ☐ No Language spoken or read:

For Licensed and Certified Personnel:

Type of License: State Issued:

License Number: Expiration Date:

Certifications: BCLS Expiration: ACLS: Expiration:

Any other Certifications or Training? Expiration:

Employment History

List your previous employers beginning with the present or most recent

If you have a job at this time, may we contact your present employer? ☐ Yes ☐ No

Name & Address of Company:	Employed from: to
	Position Title:
	Name of Supervisor
	Description of Duties:
Phone	
Ending Salary:	
Reason for Leaving:	

Name & Address of Company:	Employed from: to
	Position Title:
	Name of Supervisor
	Description of Duties:
Phone	
Ending Salary:	
Reason for Leaving:	

Name & Address of Company:	Employed from: to
	Position Title:
	Name of Supervisor
	Description of Duties:
Phone	
Ending Salary:	
Reason for Leaving:	

Name & Address of Company:	Employed from: to
	Position Title:
	Name of Supervisor
	Description of Duties:
Phone	
Ending Salary:	
Reason for Leaving:	

Professional References

Name three persons, not relatives or friends, who have known you for at least two years (Previous supervisors, co-works, etc.)

Name	Address	Relationship	Telephone

In consideration of my employment, I agree to abide by the rules and regulations of Precision Healing and agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, and at the sole discretion or either Precision Healing or myself. I understand that no representative, other than the Chairman of the Board or Chief Executive Officer of Precision Healing has any authority to enter into any agreement for employment for any specified amount of time, or to make any agreement contrary to this. Any agreement for employment for any specified period of time with the Chairman of the Board or Chief Executive Office must be in writing, signed and dated.

I authorize schools, references, my prior employers and physicians or other medical practitioners to provide my record, reason for leaving, and all other information they may have concerning me to Precision Healing and I release all parties from any and all liability or claims for damage whatsoever that may result.

I understand that misrepresentation or omission of the facts called for hereon, receipt of unsatisfactory references, or failure to pass a prescribed physical examination or drug screening will be sufficient cause for the rejection of my application or dismissal from Precision Healing if I have been employed.

Applicant's Signature: Date:

For Employer Use Only

☐ Full-Time ☐ Part-Time w/Benefits ☐ PRN ☐ Temporary

Job Title Start Date:

Base Wage: Hour $ Annual $ Grade ☐ Exempt ☐ Non-Exempt

Location: Cost Center

Special Instructions or considerations:

Director/Supervisor Signature Date Administrative Representative Date

Requisition #	Requisition Date	Interview Dates	Offer Date	Start Date