

Application for Employment



Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation or the presence of a non-job-related medical condition or handicap.

Heath Consultants Incorporated

Please return your completed application to the Corporate Headquarters, Attention Human Resource Department

Corporate Headquarters

9030 Monroe Road
Houston, TX 77061
(713) 844-1300
Fax: (713) 844-1310

DATE OF APPLICATION: _____

POSITION(S) APPLIED FOR: _____ Minimum Salary Requirement: _____

How were you referred to us? Newspaper Ad School On My Own
 Current Employee Agency Other _____

Name of referral source: _____

Please Write Legibly

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

HOME TELEPHONE NUMBER: (_____) _____ - _____

CELL PHONE NUMBER: (_____) _____ - _____ EMAIL ADDRESS: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status may be required upon employment.)

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, date: _____

Have you ever been employed here before? Yes No If yes, date: _____

On what date would you be available to work? _____

Are you available to work: Full-Time Part-Time Temporary

Do you have any commitments to another job that may affect your employment with us? Yes No
If yes, please explain: _____

Can you travel if a job requires it? Yes No

Do you have a vehicle? Yes No Do you have a valid driver's license? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
If yes, please explain _____

EMPLOYMENT HISTORY

Please list PRESENT employer or MOST RECENT employer FIRST. You may include any verified work performed on a volunteer basis. Use an additional sheet if necessary.

Employer	Date Employed		Supervisor's Name
	From	To	
Address	Salary		Your Job Title
	Begin	End	
Telephone			May we contact this employer? _____ Yes _____ No

Your Job Duties and Responsibilities:

Reason for Leaving:

Employer	Date Employed		Supervisor's Name
	From	To	
Address	Salary		Your Job Title
	Begin	End	
Telephone			May we contact this employer? _____ Yes _____ No

Your Job Duties and Responsibilities:

Reason for Leaving:

Employer	Date Employed		Supervisor's Name
	From	To	
Address	Salary		Your Job Title
	Begin	End	
Telephone			May we contact this employer? _____ Yes _____ No

Your Job Duties and Responsibilities:

Reason for Leaving:

Employer	Date Employed		Supervisor's Name
	From	To	
Address	Salary		Your Job Title
	Begin	End	
Telephone			May we contact this employer? _____ Yes _____ No

Your Job Duties and Responsibilities:

Reason for Leaving:

EDUCATIONAL DATA

School	Print Name, number and Street, City, State and Zip Code for each School Listing	Year Completed	Graduated? Yes/No	Type of Degree
High School				
College				
Graduate School				
Trade, Bus., Night, or Corres				
Other				

REFERENCES (NOT EMPLOYERS OR RELATIVES – AT LEAST THREE)

Name and Address	Occupation	Phone

Please include any other information you think would be helpful to us in considering you for employment, such as special skills, additional experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, race, religion, color, national origin, or handicap.)

AGREEMENT: (Please read the following statements carefully)

- I. I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

- II. In consideration of my employment, I agree to conform to the rules and regulations of HEATH CONSULTANTS INCORPORATED. I understand that this employment application and any other Company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the Company at any time for any reason, with or without notice and with or without cause. I understand that no management official, other than the president or a vice president 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 this. Any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

- III. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

- IV. I understand that any job offer made to me by HEATH CONSULTANTS INCOPORATED is conditioned upon the results of a drug test and/or a physical examination which may include a test to determine the use of marijuana, alcohol and/or other drugs.

SIGNATURE (Applicant)

Date

FOR EMPLOYEE SERVICE DEPARTMENT USE ONLY

Arrange Interview _____

Remarks _____

Employed _____ Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____