

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 fax, mail, or e-mail your completed application to the HR Department.

**Northeast & Southeast Divisions
Human Resource Department**
1051 Garden Street
Greensburg, PA 15601
Ph: (724) 259-0022
Fax: (724) 834-3858

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

SOCIAL SECURITY NUMBER: ____ / ____ / ____ HOME TELEPHONE NUMBER: _____
TELEPHONE where you can be Reached during BUSINESS HOURS: _____

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?

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

Driver's license number: _____ Name of state where issued: _____ Expiration date: _____

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:



Heath Consultants Incorporated

Human Resource Department
9030 Monroe Rd
Houston, TX 77061
713-844-1330
713-844-1310 fax
hr@heathus.com

Driver Notification and Release

As a driver of a company vehicle, I understand that it is my responsibility to operate the vehicle in a safe manner and to drive defensively to prevent injuries and property damage. In connection with my application with you, I understand that a Motor Vehicle Record report, which may contain public record information, is being requested from IIX Services, College Station, Texas or AWSI, Tustin, CA. I further understand that such report may contain public record information concerning my driving record from state and other agencies that maintain such records such as information from IIX/AWSI concerning (1) previous driving record requests made by others from such state agencies; and (2) states providing driving record. I also understand that my employer will periodically review my Motor Vehicle Record to determine continued eligibility to drive a company vehicle. In accordance with the Fair Credit Reporting Act, I have been informed that a Motor Vehicle Record will be periodically obtained on me for continued employment purposes.

I have the right to make a request to IIX/AWSI, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of the information; the recipients of any reports on me, which IIX/AWSI has previously furnished within the two-year period preceding my request.

Any employee who drives a personal vehicle for business use will be subject to provide proof of insurance.

I acknowledge the receipt of the above disclosure and authorize, without reservation, my employer, or its designated agent to obtain a Motor Vehicle Record report by IIX/AWSI. This authorization is valid as long as I am an employee or employee candidate and may only be rescinded in writing.

Print Full Name

Social Security Number

Date of Birth

Driver's License Number

State Issuing Current License

Applicant's Signature

Date

If the license listed above has not been active for at least 3 years please provide the following information for your previous driver's license:

State Issuing License

Driver's License Number



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Criminal Background Check Release

In connection with my application (including contract for services) with you, I understand that a report that may contain public record information is being requested from IIX Services, College Station, Texas or AWSI, Tustin, CA. I further understand that such report may contain public record information concerning my criminal background check from state and other agencies that maintain such records such as information from IIX/AWSI concerning (1) previous criminal record requests made by others from such state agencies; and (2) states providing criminal record. I also understand that periodic record checks may be made as long as I am employed with Heath Consultants Inc.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY IIX TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to make a request to IIX/AWSI, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request; the sources of the information; the recipients of any reports on me that IIX/AWSI has previously furnished within the two-year period preceding my request. I hereby consent to you obtaining the above information from IIX/AWSI, and I agree that such information that IIX/AWSI has or obtains, will be supplied by IIX/AWSI to other companies which subscribe to IIX/AWSI Services.

Print Full Name _____

Social Security Number _____

ADDRESS

Street Address _____

City _____ **State** _____

County _____

ZIP _____

Date of Birth _____

Gender _____

Applicant's Signature _____



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Human Resource Department
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Drug and Alcohol Program

It is the policy of Heath Consultants Incorporated to provide a work environment that is free from the use, possession, sale or distribution of illegal drugs and alcohol and from the misuse of legal drugs on the Company’s premises including Heath worksites and vehicles used for Heath business. Accordingly, Heath requires that all prospective employees be subject to testing to determine the presence of unacceptable levels of illegal drugs. In addition, all field employees are subject to random drug testing.

The objective is to provide a safe, healthful, and efficient workplace for Heath employees, business associates, and the general public. Heath will not contract, employ, or continue to employ any person unless that person participates in the program.

Check here if the box below does not apply: _____

The section below applies only to applicants for DOT covered jobs. Information required from Part 40 and Part 199 DOT-RSPA. In the last two years during a DOT pre-employment test:

YES	NO	
_____	_____	1. Have you been DOT alcohol tested with a breath alcohol concentration of 0.04 or greater?
_____	_____	2. Have you been DOT tested for a controlled substance test with a positive result?
_____	_____	3. Have you refused a controlled substance test or alcohol test when required by DOT?
_____	_____	4. If yes to any of the above, did you complete your treatment?
_____	_____	5. If yes to questions 1-2, did you complete your follow-up tests?
_____	_____	6. If yes to questions 1-3, provide the name and phone number of the Substance Abuse Professional that evaluated you: _____ Tel: _____
		7. What was your job title? _____

I certify that I provided truthful responses regarding drug and alcohol testing results from previous employers only if applicable and by completing information in the above questions.

DOT APPLICANTS SIGNATURE _____ **DATE** _____

EMPLOYEE CERTIFICATION

I hereby acknowledge that I am subject to the Heath Consultants Incorporated Drug and Alcohol Testing Program. I understand that compliance with the policy is a condition of employment with this company.

APPLICANTS SIGNATURE _____ **DATE** _____

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				

MILITARY EXPERIENCE

Were you in U.S. Armed Forces? Yes No If yes, what branch? _____

Date of duty: From: _____ to _____ Rank at Separation _____

Briefly describe your duties _____

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 _____