

# 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.

**Northwest & Southwest Divisions  
Human Resource Department**  
8866 Gulf Frwy, Suite 130  
Houston, TX 77017  
Ph: (713) 844-1334  
Fax: (713) 944-1612

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



Heath Consultants Incorporated

**Human Resource Department**  
9030 Monroe Rd  
Houston, TX 77061  
713-844-1331  
713-844-1310 fax  
hr@heathus.com

# Criminal Background Release Authorization

---

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.

Check the box if you would like a copy of your criminal record mailed to you. States of CA and OK will automatically have a copy sent.

**Print Full Name** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**ADDRESS**

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**County** \_\_\_\_\_

**ZIP** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Gender** \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



Heath Consultants Incorporated

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

## 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 \_\_\_\_\_