

Healthplus Therapeutic Services
1710 N Carolina Ave
Washington, NC 27889
Phone 252-948-0333/Fax 252-948-0933

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer.

Position Sought: _____
How did you hear about this position _____

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home phone _____ Other phone _____
Email address _____ Social Security # _____

On what date would you be available for work? _____
Desired Salary? _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? _____
Have you ever been convicted of a felony? _____ If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? _____

EDUCATION				
School Name	Location	Dates Attended	Degree Received	Major

Other Trainings, Certifications and/or Licenses held? _____

EMPLOYMENT

(Most Recent First.)
Employer _____ Job Title _____
Dates Employed _____
Address _____
City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____
Duties Performed _____

Reason for leaving _____

Employer _____ Job Title _____

Dates Employed _____

Address _____

City _____ State _____ Zip _____

Phone _____ JobTitle _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for leaving _____

Employer _____ Job Title _____

Dates Employed _____

Address _____

City _____ State _____ Zip _____

Phone _____ JobTitle _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature

Date