

PERSONAL INFORMATION *(Please print legible)*

Last Name:	First Name:	Middle Name:	Date:
Address: (Number & Street, Apt. #, City, State, Zip)			
Phone Number:		Email Address:	
Have you applied to HealthSPORT before? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'yes', where and when?			
Relative working at HealthSPORT: <input type="checkbox"/> Yes <input type="checkbox"/> No Name:			

EMPLOYMENT DESIRED

Position:	Location: <input type="checkbox"/> Arcata <input type="checkbox"/> McKinleyville <input type="checkbox"/> Eureka <input type="checkbox"/> BTB <input type="checkbox"/> Fortuna
What days and hours are you available for work?	
Date you can start:	Compensation desired:
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe the functions that cannot be performed:	
<small>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)</small>	

EDUCATION, TRAINING, AND EXPERIENCE

School Name and Location <small>(High School, College, Vocational or Other)</small>	Number of Years Completed	Degree Status	Major Area of Study
Current License(s)/Certification(s):			
Special study, research work or training:			
Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at HealthSPORT? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

WORK HISTORY List below all present and past employment starting with your most recent employer (last five years is sufficient). *You must complete this section even if attaching a resume.*

Employer:	Dates of Employment:
Supervisor Name & Title:	Phone Number:
Position:	Reason for Leaving:
Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates of Employment:
Supervisor Name & Title:	Phone Number:
Position:	Reason for Leaving:
Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates of Employment:
Supervisor Name & Title:	Phone Number:
Position:	Reason for Leaving:
Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer:	Dates of Employment:
Supervisor Name & Title:	Phone Number:
Position:	Reason for Leaving:
Current Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact this employer for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL REFERENCES List below three persons not related to you who have knowledge of your work performance within the last three years.

Name	Relationship	Phone Number
1.		
2.		
3.		

Please Read Carefully, Initial Each Paragraph and Sign Below

____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

____ I hereby authorize HealthSPORT to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to HealthSPORT any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release HealthSPORT, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and HealthSPORT. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or HealthSPORT, and that no promises or representations contrary to the foregoing are binding on HealthSPORT unless made in writing and signed by me and HealthSPORT's designated representative.

____ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

HealthSPORT is an equal opportunity employer.

This application must be filled out completely to be considered valid and shall be considered active for a period of time not to exceed 60 days.

Employee Signature: _____

Date: _____