

Elite Health Solutions, LLC

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Home: _____		E-mail Address			
Work: _____					
Other: _____					
Date Available		Social Security No.		Desired Rate of Pay	
Position Applied for			How did you hear about us? _____		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a crime, other than a traffic violation?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION

High School		Location			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Location			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Location			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PROFESSIONAL LICENSE & CERTIFICATION INFORMATION

Please list license and certification information as requested.

Current Professional Discipline		Specialty:	
Original State of Licensure		License # and Exp. Date	
Has the license listed above been subject to any disciplinary action, suspension or revocation? Yes _____ No _____ *If yes, please explain, in detail, the reason for the disciplinary action, suspension or revocation: _____			
ADDITIONAL LICENSES OR CERTIFICATIONS HELD:			
License Type or Certification	License or Certification #, Exp. Date, and State Held In:	Active?	Has this ever been subject to disciplinary action? Yes* _____ No _____
*If "Yes", please explain in detail:			

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**If you need more space, please ask for additional sheets.

EMPLOYMENT SIGNATURE AND DISCLAIMER

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Consideration for employment with Elite Health Solutions LLC will be based upon the results of reference and criminal background checks. I authorize Elite Health Solutions LLC to investigate all information I provide on this application for employment, including previous employment, experience, and educational credentials. I also give Elite Health Solutions LLC permission to contact my former employer(s), all listed references or any other person who can verify the information I provide on this application. I hereby authorize and direct my current and former employers and other contacted persons to respond to any questions pertaining to the information included on this application.

Signature	Date
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