



International HealthLink Professionals, Inc.

P.O. Box 549 ▪ Manteca, CA 95336 ▪ (209) 825-5995 Office ▪ (209) 825-5994 Fax

Employment Application

IHELP IS AN EQUAL OPPORTUNITY EMPLOYER
 USE INK – PLEASE PRINT (Except where otherwise indicated)

All applicants will be subject to verification of employment and educational history. New hires may also be subject to criminal background checks. Each applicant must answer all questions on this application accurately, thoroughly and honestly. Some questions may not pertain to the position for which you are applying.

PERSONAL INFORMATION				
Name: Last First Middle			Position Applied For: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Address: Number Street How Long?			Last 4 digits of Social Security Number:	
City	State	Zip	Primary Phone Number	Alt. Phone Number

How were you referred to apply with IHELP? _____

Have you previously been employed by IHELP? Yes No

If yes, list dates, locations, positions: _____

List any other names used or under which you have worked: _____

Are you at least 18 years of age? Yes No

Are you legally eligible to work in the U.S.? Yes No

Do you have reliable transportation to get to and from work? Yes No

Would you be willing to relocate? Yes No

List the names of any friends/relatives employed by IHELP: _____

EDUCATIONAL RECORD						
	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?		DEGREE AND MAJOR	GRADE AVERAGE OR RANK IN CLASS
			YES	NO		
HIGH SCHOOL						
GED/HS EQUIVALENT						
COLLEGE/UNIVERSITY						
OTHER						

Are you currently attending school? Yes No If yes, when? _____

EMPLOYMENT EXPERIENCE				
In the spaces below, account for ALL TIME, including unpaid or volunteer work service and periods of unemployment, for the PAST 10 YEARS. Give complete names and addresses. If self-employed, give firm name and one business reference. Use additional application(s) if necessary.				
DATES OF EMPLOYMENT	PRESENT OR LAST EMPLOYER (FIRM NAME)		TITLE AND DUTIES	STARTING SALARY
	FROM	NO. & STREET CITY STATE	NAME OF SUPERVISOR	ENDING SALARY
	TO	TELEPHONE NO.	REASON FOR LEAVING	
DATES OF EMPLOYMENT	PRESENT OR LAST EMPLOYER (FIRM NAME)		TITLE AND DUTIES	STARTING SALARY
	FROM	NO. & STREET CITY STATE	NAME OF SUPERVISOR	ENDING SALARY
	TO	TELEPHONE NO.	REASON FOR LEAVING	
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	FROM	NO. & STREET CITY STATE	NAME OF SUPERVISOR	ENDING SALARY
	TO	TELEPHONE NO.	REASON FOR LEAVING	

JOB KNOWLEDGE AND SPECIAL SKILLS (PLEASE LIST ANY APPLICABLE SKILLS/KNOWLEDGE FOR POSITION)

OTHER EMPLOYMENT

DO YOU HAVE OTHER EMPLOYMENT THAT WOULD CONTINUE WHILE YOU ARE EMPLOYED BY IHELP? Yes No

IF YES, PLEASE EXPLAIN: _____

ESSENTIAL JOB FUNCTIONS (Written job descriptions, which include essential functions of the job, available upon request)

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? Yes No

BACKGROUND ANY EMPLOYMENT OFFER, IF MADE, MAY BE CONTINGENT UPON PASSING A BACKGROUND CHECK. HAVE YOU BEEN CONVICTED OF A FELONY OR CRIMINAL CONVICTION UNDER HEALTHCARE FRAUD AND ABUSE LAWS AS WELL AS EXCLUSION FROM FEDERALLY FUNDED HEALTHCARE PROGRAMS? (ARRESTS ARE NOT CONVICTIONS; DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN SEALED, EXPUNGED OR SET ASIDE) <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, LIST CONVICTION(S): _____ HAVE YOU BEEN CONVICTED OF A MISDEMEANOR? (ARRESTS ARE NOT CONVICTIONS; DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN SEALED, EXPUNGED OR SET ASIDE) <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, LIST CONVICTION(S): _____ APPLICANT SHOULD OMIT ANY CONVICTIONS FOR THE POSSESSION OF MARIJUANA THAT ARE MORE THAN TWO (2) YEARS OLD (EXCEPT FOR CONVICTIONS FOR THE POSSESSION OF MARIJUANA ON SCHOOL GROUNDS OR POSSESSION OF CONCENTRATED CANNABIS). APPLICANT ALSO SHOULD OMIT ANY INFORMATION CONCERNING A REFERRAL TO, AND PARTICIPATION IN, ANY PRE-TRIAL OR POST-TRIAL DIVERSION PROGRAM.

HAVE YOU EVER BEEN INVOLUNTARILY DISCHARGED OR ASKED TO RESIGN FROM EMPLOYMENT FOR ANY REASON? Yes No

PROFESSIONAL REFERENCES		
NAME	COMPANY	POSITION
ADDRESS	CITY, STATE ZIP	PHONE NUMBER
NAME	COMPANY	POSITION
ADDRESS	CITY, STATE ZIP	PHONE NUMBER
NAME	COMPANY	POSITION
ADDRESS	CITY, STATE ZIP	PHONE NUMBER

I certify that I have not withheld any information that might adversely affect my chances for employment with International HealthLink Professionals, Inc. and that the information given by me is true and complete 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 information made orally, on this application or on any other document used to secure employment shall be grounds to disqualify me from employment or subject me to discipline, including immediate discharge, if I am hired, regardless of the time elapsed before discovery. I hereby authorize International HealthLink Professionals, Inc. and its representatives and agents to contact any reference, school, employer or organization listed on this application. I authorize persons, schools, my current employer (if applicable), and previous employers and other organizations contacted by International HealthLink Professionals, Inc. to provide any relevant information regarding my current and/or previous employment, education and qualifications, and I release all persons, schools, employers and other organizations of any and all claims for providing such information. If hired, I understand and agree that I will be an at-will employee and that my employment may be terminated by either IHELP, Inc. or me at any time without prior notice for any reason.

SIGNATURE: _____ DATE: _____