

# OneLife Wellness & Primary Care

## Application for Employment

Please complete the entire application

Position Applying For: \_\_\_\_\_

### Personal Information (Please Print)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_ Previous last name: \_\_\_\_\_ Social: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Best way to contact you: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

### Additional Information

#### Please answer all the questions below:

Are you at least 18 years of age? \_\_\_\_\_

Do you currently use tobacco/nicotine? \_\_\_\_\_

Are you legally eligible for employment in the U.S.? \_\_\_\_\_

Have you ever been convicted, pled guilty, pled no contest, or forfeited bond to a violation of any federal, state, parish/county, military service, municipal law, regulations, or ordinance (including bad check/fraud, other than minor traffic offenses?) (Circle) Yes No

Be certain to list any and all offenses, regardless of severity. Failure to do so will be considered falsification of application and can result in the withdrawal of an offer or termination.

Minimum Salary Desired: \_\_\_\_\_ (please put an amount instead of negotiable)

Please indicate employment status desired: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Part Time list available hours: \_\_\_\_\_

Would you consider working: (comment yes or no)

\_\_\_\_\_ Days \_\_\_\_\_ Weekends \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Evenings \_\_\_\_\_ Nights \_\_\_\_\_

### Education

Are you presently attending school? Yes or No

#### High School

High School/GED: \_\_\_\_\_

City/State: \_\_\_\_\_

Did you graduate or earn a GED?

#### Undergraduate

Undergraduate: \_\_\_\_\_

City/State: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

Major: \_\_\_\_\_

How many years did you complete? \_\_\_\_\_

Post Graduate

Post Graduate: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Did you graduate? \_\_\_\_\_  
Major: \_\_\_\_\_  
How many years did you complete? \_\_\_\_\_

Technical/Vocational

Technical/Vocational: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Did you graduate? \_\_\_\_\_  
Major: \_\_\_\_\_  
How many years did you complete? \_\_\_\_\_

Other

Other \_\_\_\_\_  
City/State: \_\_\_\_\_  
Did you graduate? \_\_\_\_\_  
Major: \_\_\_\_\_  
How many years did you complete? \_\_\_\_\_

Areas of Expertise

If Nursing \_\_\_\_\_ Cardiovascular \_\_\_\_\_ Home Health  
\_\_\_\_\_ Cardiac Intensive Care \_\_\_\_\_ Orthopedics  
\_\_\_\_\_ Case Management \_\_\_\_\_ Pediatrics  
\_\_\_\_\_ Clinics/MD Offices \_\_\_\_\_ Radiology  
\_\_\_\_\_ Education \_\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_\_ EMT/Paramedic  
\_\_\_\_\_ Emergency  
Clerical Skills  
\_\_\_\_\_ Bookkeeping/Accounting \_\_\_\_\_ Referral Clerk  
\_\_\_\_\_ Billing \_\_\_\_\_ Scheduling/Reception  
\_\_\_\_\_ Coding \_\_\_\_\_ Transcription  
Computer Skills  
\_\_\_\_\_ Word \_\_\_\_\_ Access \_\_\_\_\_ Data Entry  
\_\_\_\_\_ Excel \_\_\_\_\_ Powerpoint \_\_\_\_\_ Other \_\_\_\_\_

List any additional work experience, education, skills, information, licenses, certifications, special study or work relating to the position applied for or of general interest not listed above

Professional License and/or Certifications

Please complete this section only if applicable to the position

Are you currently \_\_\_\_\_ Registered \_\_\_\_\_ Registered  
\_\_\_\_\_ Licensed \_\_\_\_\_ Licensed  
\_\_\_\_\_ Certified \_\_\_\_\_ Certified  
If applicable, date you will sit for the exam? \_\_\_\_\_

If Licensed, Registered, or Certified

Type of License: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date \_\_\_\_\_  
License/Certification No. \_\_\_\_\_  
Have you ever been denied a professional/occupation license, registration, or certificate? \_\_\_\_\_  
Has your license, registration, or certification ever been investigated, revoked, suspended, restricted or subject to discipline by any board or government authority?  
Is CPR Current? \_\_\_\_\_ Is ACLS Current? \_\_\_\_\_

**Work History**

How many years of verifiable actual work experience do you have in the position you are applying for?

\_\_\_\_\_

**List ALL previous employment starting with your most recent position**

**1. Most recent employer**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Other Name(s) Used: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_  
Job Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
What did you like about this job: \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer for a reference check: \_\_\_\_\_

**2. Previous employer**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Other Name(s) Used: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_  
Job Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
What did you like about this job: \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer for a reference check: \_\_\_\_\_

**3. Previous employer**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_  
Other Name(s) Used: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_  
Employed From: \_\_\_\_\_ Employed To: \_\_\_\_\_  
Ending Salary: \_\_\_\_\_  
Job Duties/Responsibilities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
What did you like about this job: \_\_\_\_\_  
\_\_\_\_\_  
May we contact this employer for a reference check: \_\_\_\_\_

**Military Service**

Branch of Service: \_\_\_\_\_  
Active Duty From: \_\_\_\_\_  
Special Training: \_\_\_\_\_

Reserve Status: \_\_\_\_\_  
Active Duty To: \_\_\_\_\_

**References**

**Please give three references (other than relatives)**

**Reference 1**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Years Known: \_\_\_\_\_

**Reference 2**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Years Known: \_\_\_\_\_

**Reference 3**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Years Known: \_\_\_\_\_

**Volunteer Service**

Organization: \_\_\_\_\_ Church Projects \_\_\_\_\_ Special Olympics  
\_\_\_\_\_ Civic Club \_\_\_\_\_ United Way  
\_\_\_\_\_ Red Cross \_\_\_\_\_ Other \_\_\_\_\_

Type of Service and/or Skills: \_\_\_\_\_ Service Type  
\_\_\_\_\_ Medical  
\_\_\_\_\_ Food Prep  
\_\_\_\_\_ Other \_\_\_\_\_

Frequency/Number of Hours: \_\_\_\_\_ Weekly \_\_\_\_\_  
\_\_\_\_\_ Monthly \_\_\_\_\_  
\_\_\_\_\_ Yearly \_\_\_\_\_

**READ AND SIGN**

**Read the following carefully before signing**

1. I certify that the information I have furnished in this application is true and complete to the best of my knowledge, with the understanding that it is subject to verification before and during employment. I grant permission to OneLife Wellness & Primary Care to contact any former employers, or any other persons about me and my permission is not limited to those listed on this application. I understand and agree to misrepresentation, falsification, or omission of information will be considered sufficient cause for rejection or dismissal, if employed.
2. I understand that regardless of the shift and job I am first assigned, I may be required to accept a change of job or shift depending on my demonstrated skills after employment and the needs of OneLife Wellness & Primary Care.
3. I understand that I must meet the health standards established by the State Board of Health for health care workers and must be able to perform essential duties of the position with or without reasonable accommodations as a condition of employment.
4. I understand that if I am employed by OneLife, that OneLife retains its rights to be an at-will employer and the employment relationship is for an indefinite period and may be terminated by either party, at any time, with or without cause.

**5. I understand that I must test negative for tobacco/nicotine in order to be considered for employment with OneLife.**

I understand that I must remain tobacco/nicotine free as a condition of my employment and may be tested at any time.

**6. I understand and accept that as part of the application and employment process and/or during employment with OneLife, I may be asked to submit to physical examinations that may include testing for alcohol and drugs, and/or fingerprinting, all in accordance with applicable law. By signing this application, I hereby agree to such examinations and release all persons and companies from any liability arising out of such examinations, tests and fingerprinting.**

I further agree that the examining person may disclose to OneLife or its representatives the results

**7. I hereby authorize all of my prior employers, credit bureaus, the officials of all schools which I have attended or been associated with, any person named above of this application, all public officials, and any other person or entity to give any information regarding my employment, personal habits, ability, criminal records, or any other relevant information they may have regarding me whether or not it is contained in their records. I hereby release said employers, schools, public officials and other persons and entities from any and all liability for any damage whatsoever which might result from their revealing or furnishing this information.**

**8. I understand that an investigation may be made whereby information is obtained through personal interviews with neighbors, friends, and others with whom I am acquainted, as well as from credit bureaus. This may include information as to character, general reputation, personal characteristics, credit history, or mode of living. I know that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of information concerning the nature and scope of this investigation.**

**9. REFERENCE CHECK CONSENT FORM**

I,  HEREBY GIVE CONSENT TO ANY AND ALL PRIOR EMPLOYERS TO PROVIDE INFORMATION WITH REGARD TO MY EMPLOYMENT WITH PRIOR EMPLOYERS TO ONELIFE WELLNESS & PRIMARY CARE. THIS CONSENT WILL BE VALID FOR THE LENGTH OF TIME THAT THE APPLICATION IS ACTIVE AND IN NO EVENT LONGER THAN SIX MONTHS. I AUTHORIZE MY PAST EMPLOYERS AND OTHER PERSONS TO SUPPLY ANY INFORMATION THEY HAVE CONCERNING ME OR MY WORK PERFORMANCE AND RELEASE THEM FROM ALL LIABILITY IN CONNECTION THEREWITH.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_