

Independency LLC Employment Application

First Name: _____ Middle: _____ Last: _____

Street Address: _____

City: _____ Zip Code: _____ State: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Are you legally eligible to work in the US? Yes or No

If selected for employment, are you willing to submit to a background check? Yes or No

Position Hiring For: _____

AVAILABLE: Full Time: _____ Part Time: _____ Temporary: _____

SHIFTS WILLING TO WORK: Day: _____ Evening: _____ Weekend: _____

When can you start work? _____ Desired Pay: _____

Are you 18 years of age or older? Yes or No

Did you graduate high school/GED? Yes or No

Do you have a Valid Driver's license? Yes or No

Do you have a College degree? Yes or no If yes, what degree? _____

Do you have any Nursing Certificates? Yes or No If yes, please put what kind and license number: _____

References (business and professional only)

<i>Name</i>	<i>Title</i>	<i>Company</i>	<i>Phone</i>

Employment History

Employer 1: _____ Job Title: _____

Work Phone: _____ Starting pay rate: _____ Ending pay rate: _____

Address: _____ City: _____

State: _____ Zip: _____

Employer 2: _____ Job Title: _____

Work Phone: _____ Starting pay rate: _____ Ending pay rate: _____

Address: _____ City: _____

State: _____ Zip: _____

Employer 3: _____ Job Title: _____

Work Phone: _____ Starting pay rate: _____ Ending pay rate: _____

Address: _____ City: _____

State: _____ Zip: _____

Employer 4: _____ Job Title: _____

Work Phone: _____ Starting pay rate: _____ Ending pay rate: _____

Address; _____ City: _____

State: _____ Zip: _____

Signature Disclaimer

Independency LLC is an equal opportunity employer. We are committed to a work environment that supports, inspires and respects all individuals and in which personnel processes are merit-based and applied without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity, marital status, age, disability, national or ethnic origin, military service status, citizenship, or other protected characteristic.

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

Name (print)	Signature:
Date	x