

PARADIGM PROFESSIONAL HEALTH SERVICES, INC.

Employment Application

Equal Opportunity
Employer Print or Type

PERSONAL INFORMATION						
Last Name:	First Name:	Middle Name:	E-mail Address:	Date:		
Present Address – Street	City	State	Zip Code	Home Phone ()	Social Security Number	
Permanent Address – Street	City	State	Zip Code	Business Phone ()	Cell Phone ()	
Have you ever been employed by NSTec? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any relatives currently employed with NSTec? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Referred by: NSTec Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		(If yes, list name(s) and relationship): Name: _____ Relationship: _____				
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you hold dual citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No		What countries? _____		
<input type="checkbox"/> By Birth <input type="checkbox"/> By Derivation <input type="checkbox"/> By Naturalization Date _____		Place: _____		Certificate Number: _____		
What year did you arrive in the United States? _____		Could you provide proof of birth or citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been investigated by any branch of the U.S. Government for security clearance purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Year _____		Name of Agency _____		Level of clearance granted _____		
Was clearance granted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Is clearance active? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
EDUCATION AND TRAINING						
Did you receive a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No						
High School Name:				City and State:		
Dates Attended	Degree Earned	Field of Study or Major	College/University Name	City and State		
Membership/activities in technical associations, significant presentations/publications, professional societies, college and other honors.						
If applicable, list all computer skills including software programs in which you are proficient.						
Are you now employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	When can you report to work?	Current annual base salary \$	Other Compensation \$ Describe:	Salary Expected \$	
Work Desired – List job requisition number(s):						

EMPLOYMENT HISTORY

Instructions: Chronologically list employment and unemployment for the past 20 years, beginning with your most recent employment. For each activity, include specific duties, responsibilities and number of persons supervised. If necessary, use additional sheets to fully cover these activities. Attach resume only to supplement information. For military service, identify only those skills relevant to the positions desired.

From Month/Year	To Month/Year	Total Months	Duties:	
Full Name of Employer				
Main Office Address	City	State Zip		
Name of Supervisor				
Title of Supervisor	Supervisor Phone Number ()			
Type of Business	Human Resources Phone Number ()			
Starting Position	Annual Base Salary \$			
Last Position	Annual Base Salary \$	Location of Work		

From Month/Year	To Month/Year	Total Months	Duties:	
Full Name of Employer				
Main Office Address	City	State Zip		
Name of Supervisor				
Title of Supervisor	Supervisor Phone Number ()			
Type of Business	Human Resources Phone Number ()			
Starting Position	Annual Base Salary \$			
Last Position	Annual Base Salary \$	Location of Work		

THIS DOCUMENT CONTAINS PERSONALLY IDENTIFIABLE INFORMATION WHEN COMPLETED

From Month/Year	To Month/Year	Total Months	Duties:	
Full Name of Employer				
Main Office Address	City	State Zip		
Name of Supervisor				
Title of Supervisor	Supervisor Phone Number ()			
Type of Business	Human Resources Phone Number ()			
Starting Position	Annual Base Salary \$			
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From Month/Year	To Month/Year	Total Months	Duties:	
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FOUR PROFESSIONAL REFERENCES NOT RELATED TO YOU

Name	Complete Mailing Address	E-mail Address

Felony or Misdemeanor Conviction:

Have you ever been convicted of a felony? Yes No

Have you been convicted of a misdemeanor within the past 5 years? * Yes No

(Do not count any marijuana-related convictions dated more than 2 years ago.)

*Do not answer this question if you are completing the application in Pennsylvania or are applying for a job that is in Pennsylvania.

If the answer to either question is "Yes", give details on a separate sheet of paper. A conviction will not necessarily disqualify you from employment. The nature of the violation and all other appropriate circumstances will be considered.

Pre-Employment Drug Screening:

I understand and acknowledge that Paradigm Professional Health Services, Inc. requires all applicants to submit to a pre-employment drug screen by urinalysis at Paradigm Professional Health Services, Inc., expense. I understand that compliance with and consent to participate in pre-employment screening is a condition of employment and that I will be ineligible for employment if I refuse to participate in screening.

I further understand that if an offer is extended, employment with Paradigm Professional Health Services, Inc., is contingent upon a negative drug screen. I will be denied employment if the results of my drug screen are positive for the presence of un-prescribed or controlled substances.

Certain positions require the applicant to apply for and receive a security clearance. If you are offered a position requiring a security clearance, then you will be subject to an investigation and if it is determined that you have used illegal drugs within the 12 months preceding the completion of a Questionnaire for National Security Positions (provided at time of offer), then you will be disqualified for a security clearance. Therefore, if you are applying for a position requiring a security clearance, then you must answer the following question:

I HAVE used an illegal drug within the past 12 months

I HAVE NOT used an illegal drug within the past 12 months

The foregoing question will not disqualify you for consideration for any position which does not require a security clearance. However, if you are offered a position, then you will be required to take and pass the drug test described in your offer letter.

Verification of Information:

Authorization is granted to former employers and individuals listed to release information on my ability, performance and verification of matters stated. I understand that Paradigm Professional Health Services, Inc., reserves the right to verify any and all information on employment applications and any other work-related documents during both the application process and during employment, if an offer is extended. Any falsification, misrepresentation, or omission of relevant information will be grounds for cancellation of this application or termination of employment.

Employment Inventions and Secrecy Agreement:

I understand that the work assigned, that is being done or will be done by Paradigm Professional Health Services, Inc., may be of confidential or developmental nature or both. In the event I am hired, I agree as a condition precedent to such employment to sign a Paradigm Professional Health Services, Inc., Agreement of Obligation, constituting an Employee Inventions and Secrecy Agreement, and to be bound by the terms of such agreement.

Employment At Will:

Paradigm Professional Health Services, Inc., adheres to the doctrine of employment at will. I understand and agree that my employment can be terminated, with or without cause and with or without notice, at any time, at the option of either the company or myself. While other policies and procedures may exist and be changed from time to time, an employee's at will status is not subject to change absent a written agreement expressly so providing, signed by an officer of the company.

I have read, understand, and agree to all of the above stated conditions of employment.

Date: _____

Applicant's Signature: _____