



Equal access to programs, services and employment is available to all persons. Those application requiring reasonable accommodation to the application and/or interview process should notify our President.

PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME
APPLICATION FOR POSITION OF:	TODAY'S DATE	SOCIAL SECURITY #
TELEPHONE #	MOBILE/OTHER PHONE #	EMAIL ADDRESS
ADDRESS – Street, City, State, & Zip Code		

YES NO If you are under 18, and it is required, can you furnish a work permit? If no, please explain:

YES NO Have you ever been employed here before? If yes, give dates and positions:

YES NO Are you legally eligible to work in the United States?

YES NO Are you available to work Mondays – Fridays from 8:00AM – 4:30 AM?

YES NO Are you able to meet the attendance requirements for this position?

YES NO Have you ever pled “guilty” or “no contest” to, or been convicted of a crime? If yes, please provide dates(s) and details:

ANSWERING “YES” TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMAIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUS, AND NATURE OF THE VILATION

LICENSE AND CERTIFICATION		
LICENSE/CERTIFICATION	#(IF APPLICABLE)	DATE ISSUED/EXP DATE
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EDUCATIONAL BACKGROUND		
HIGH SCHOOL	# OF YEARS COMPLETED	DID YOU GRADUATE?
COLLEGE	# OF YEARS COMPLETED	MAJOR/DEGREE
OTHER	# OF YEARS COMPLETED	

SPECIAL/RELATED TRAINING

List any special training or certifications that you’ve completed that may qualify you as being able to perform job-related functions in the position for which you are applying:

Comment on and additional related experience(s) you may have had that may qualify you as being able to perform job related functions in the position for which you are applying. (For example: Clinical Experience, Home Health Care, Urgent Care, Senior Care, Pharmacy, Voluntary Service, etc.):

EMPLOYMENT HISTORY

Employer	Starting Job Title	Location (Street Address, City, State, Zip Code)	
Reason For Leaving	Ending Job Title	May we contact for reference? YES NO LATER	Telephone #
Name of Supervisor	Length of Employment		Full Time Part Time
Job Duties	From (Month & Year) To (Month & Year)		
	Beginning Pay \$		
	Ending Pay \$		

Employer	Starting Job Title	Location (Street Address, City, State, Zip Code)	
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Name of Supervisor	Length of Employment		Full Time Part Time
Job Duties	From (Month & Year) To (Month & Year)		
	Beginning Pay \$		
	Ending Pay \$		

REFERENCES (List three other than former employers or relatives.)

NAME	PHONE	# OF YEARS KNOWN
NAME	PHONE	# OF YEARS KNOWN
NAME	PHONE	# OF YEARS KNOWN

I certify that all information I have provided in order to apply for an open position with Plexus Health Solutions, Inc. is true, complete, and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresent in any respect, will be insufficient cause to; (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's services, whenever it is discovered. I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and educational institution and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employers, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations organization for furnishing such information about me. I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any application from consideration for employment on a basis prohibited by applicable local, state, and federal law. I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application. If I am hired, I understand that I am free to resign at any time, without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specific period or defined duration. I understand that no supervisor or representative of the employer is authorized to make assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the President. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require to complete and I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICATION STATEMENT

I have read, and fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Application _____

Date _____