



4902 Eisenhower Blvd., Suite 300, Tampa FL 33634

Application for Employment

HealthPoint is an equal opportunity employer, which makes employment decisions without regard to race, color, sex, religion, national origin, age, handicap, disability or marital status or any other basis that is or may be prohibited by law. The company also reasonably accommodates individuals with handicaps, disabilities and bona fide religious beliefs. It complies with and fully supports the Americans With Disabilities Act. We will make a reasonable accommodation to any impairment you might have that would make it difficult for you to apply for employment with us. You will be evaluated on the basis of your ability, and no one asking for such an accommodation will be discriminated against in any way.

The information requested on this form and its supplement is needed to evaluate your application for employment with this company. All questions on the form and the supplement must be answered. Incomplete applications will be rejected.

Personal Data (Please Print)

Name (Last, First, Middle)			Today's Date		
Address (Street, P.O. Box)			Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
City	State	Zip Code	If not, please state your age: _____		
Home Phone:		Cell Phone:		Social Security Number:	
Business Phone:		Other names known as:			
E-mail address:					
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Federal law prohibits the employment of unauthorized aliens. Can you submit satisfactory proof of employment authorization and identity within three days of being hired? <input type="checkbox"/> Yes <input type="checkbox"/> No Only U.S. citizens or aliens who have a legal right to work in the United States are eligible for employment.					
Have you previously been employed by HealthPoint? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Where? _____					
Have you previously submitted an employment application to HealthPoint? <input type="checkbox"/> Yes <input type="checkbox"/> No When? _____ Where? _____					
Do you have any relatives employed by HealthPoint? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state name and relationship.					

Employment Data

Position(s) applying for:		Have you ever committed, been convicted of, plead guilty to or plead no contest (nole contendre) to a misdemeanor or a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ Conviction is not necessarily a bar to employment.			
Type of position desired (Check One) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time (hrs/wk) <input type="checkbox"/> Temporary <input type="checkbox"/> Summer <input type="checkbox"/> Temp-to-perm					
Willing to work (Check all acceptable) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Call-In <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Weekends <input type="checkbox"/> Overtime					
Date available to begin employment			Salary range requirements		
Have you signed any non-compete agreement with any other employer that would restrict you from working with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____					

Source of Contact (Please check and complete)

<input type="checkbox"/> Advertisement/Publication Date: _____		<input type="checkbox"/> Referred by HealthPoint Employee Name of Employee: _____	
<input type="checkbox"/> Employment Agency Name of Agency: _____		<input type="checkbox"/> Other (Specify): _____	

Work History (Please Note: Print your entries clearly; they must be easy to read.)

Include summer and cooperative education assignments. Start with your most recent position. Give accurate summaries of your duties, concentrating on major aspects of the position including number of personnel supervised, financial responsibilities and major accomplishments. Periods of unemployment should also be noted. Leave no gaps in time sequence. If additional space is required, please use a separate sheet of paper. **[Please do not substitute a resume as completion of this information.]**

Company Name				Company Address (Street, City, State)			
				Employer's Telephone Number ()			
				If currently employed, may we contact? ___ Yes ___ No			
From		To		Type of Business	Starting Position Title	Present or Last Position Title	
Mo.	Yr.	Mo.	Yr.				
Name of Immediate Supervisor				Supervisor's Title			
Reason for Leaving				Starting Pay – base salary	Ending Pay – base salary	Other Compensation	

Describe Duties and Responsibilities:

Company Name				Company Address (Street, City, State)			
				Employer's Telephone Number ()			
From		To		Type of Business	Starting Position Title	Present or Last Position Title	
Mo.	Yr.	Mo.	Yr.				
Name of Immediate Supervisor				Supervisor's Title			
Reason for Leaving				Starting Pay – base salary	Ending Pay – base salary	Other Compensation	

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Reason for Leaving				Starting Pay – base salary	Ending Pay – base salary	Other Compensation	

Describe Duties and Responsibilities:

I have additional employment history I am attaching to this application.

Work History - Continued

If there are any gaps in employment, please give dates and reason:

Educational Record

	Name and Full Address of School	Dates of Attendance	Circle Highest Grade Completed	Did You Graduate? Y or N?	Area of Study or Degree
High School			1 2 3 4		
College			1 2 3 4		
Graduate			1 2 3 4		
Vocational/ Technical			1 2 3 4		
Other			1 2 3 4		

If you did not graduate, did you leave school or college?
Are you planning to pursue further studies? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Day School <input type="checkbox"/> Night School
If so, when, where and what courses?
Educational Awards, Honors, or Unique Activities:

Professional License Information

Professional Organization Memberships (Exclude those which indicate race, color, creed or national origin)			
Professional Registration (List any licenses, certifications or registrations you currently possess or have applied for.)			
<u>Type</u>	<u>Number</u>	<u>State</u>	<u>Expiration Date</u>

Healthcare Sanction Certification (all applicants must complete)

1. Have you ever had your professional license suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, in which state? _____ When? _____ Summarize the reasons underlying this action:
2. Have you even been convicted of a health-care related felony or misdemeanor (including plea bargain or other arrangement with prosecuting authorities)? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain:
3. Have you been excluded, suspended or debarred from or otherwise sanctioned by Medicare or Medicaid programs or any other federally funded health care program? <input type="checkbox"/> YES <input type="checkbox"/> NO
4. List any health-care or related business which you, or a member of your family or household, has a direct or indirect ownership or controlling interest of 5 percent or more. Include Medicare or Medicaid provider numbers for each (attach extra pages if necessary).
5. Have any of the entities, which you listed in response to question #4 above, been excluded, suspended or debarred or otherwise sanctioned by Medicare, Medicaid or any of the federally funded health care programs? <input type="checkbox"/> YES <input type="checkbox"/> NO
6. Have you ever defaulted on a Health Education Assistance Loan? <input type="checkbox"/> YES <input type="checkbox"/> NO If so, please explain:

Computer and Other Skills

Foreign Languages Spoken:
Computer Hardware or Software Systems:
Skills: Check all that you can perform <input type="checkbox"/> Typing ___ wpm <input type="checkbox"/> Shorthand ___ wpm <input type="checkbox"/> Dictaphone <input type="checkbox"/> Word Processing <input type="checkbox"/> 10-Key Calculator <input type="checkbox"/> Computer Terminal/Keyboard <input type="checkbox"/> Data Entry/Data Processing <input type="checkbox"/> PBX/Switchboard <input type="checkbox"/> Medical Terminology <input type="checkbox"/> Cashier
Please indicate specialties (i.e. key punch operator, systems analyst, programmer, tape librarian, etc.)

Additional Qualifications

Please describe the type of work for which you feel best qualified. Include a statement of your work, interests, and long-range Professional goals, use this section, if needed, to amplify answers to previous sections (e.g. publications, patents, additional schooling, etc.)

Certification and Assent (Please read and sign the statements below.)

HealthPoint sincerely appreciates your interest. We will make every effort to expedite your application and to treat it in confidence. This application remains active for six (6) months.
You understand that your employment will not be for any stated period, will be voluntarily entered into and you will be free to resign at any time and for any reason. Similarly, HealthPoint may terminate the employment relationship when it believes it is in the company's best interest to do so. You certify that the information on this form is correct and complete to the best of your knowledge. You make this statement with the understanding that any false statement, misrepresentation or omission of material fact may be sufficient cause for rejection of your application or for your dismissal after employment. If employed by HealthPoint, you agree to abide by all its rules and regulations. Drug tests may be required.
You give permission to HealthPoint to conduct professional reference checks to include verifying all previous work history/previous employment including salary verification and to contact personal references. If you understand and agree to this certification and assent, please sign and date this application.
Signature _____ Date _____