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| HERMES HEALTHCARE, INC.  **Application For Employment** | | | | | | | Company Name is an Equal Opportunity Employer and is committed to excellence through diversity. | Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume. |
|  | | | | | | | | |
| **Personal Information** | | | | | | | | |
| Name | |  | | |  | |  |  |
|  | | | | | | | | |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| Phone Number | | Mobile Number | | | Email Address | |  |  |
|  | |  | | |  | | | |
| Are You A U.S. Citizen? | |  | | | Have You Ever Been Convicted Of A Felony? | | | |
| Yes | No | | | | Yes | No | |  |
| If Selected For Employment Are You Willing To Submit to a Pre-Employment Drug Screening Test? | | | | | | | | |
| Yes | No | | | |  |  | |  |
|  | | | | | | | | |
| **Position** | | | | | | | | |
| Position You Are Applying For | | | | | Available Start Date | |  | Desired Pay |
|  | | | | |  | | |  |
| Employment Desired | |  | | |  | |  |  |
|  |  | Full Time | |  | Part Time |  | Seasonal/Temporary |  |
|  | | | | | | | | |
| **Education** | | | | | | | | |
| School Name | | | Location | | Years Attended | | Degree Received | Major |
|  | | |  | |  | |  |  |
|  | | |  | |  | |  |  |
|  | | |  | |  | |  |  |
|  | | |  | |  | |  |  |
| **[** | | | | | | | | |
| **References** | | | | | | | | |
| Name | | | | | Title | | Company | Phone |
|  | | | | |  | |  |  |
|  | | | | |  | |  |  |
|  | | | | |  | |  |  |
|  | | | | |  | |  |  |
| **Employment History** | | | | | | | | |
| **Employer (1)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | | Starting Pay Rate | |  | Ending Pay Rate |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (2)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | | Starting Pay Rate | |  | Ending Pay Rate |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (3)** | |  | | | Job Title | | | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | | Starting Pay Rate | |  | Ending Pay Rate |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (4)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | | Starting Pay Rate | |  | Ending Pay Rate |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
| **Employer (5)** | |  | | | Job Title | |  | Dates Employed |
|  | | | | |  | | |  |
| Work Phone | |  | | | Starting Pay Rate | |  | Ending Pay Rate |
|  | | | | |  | | |  |
| Address | |  | | | City | | State | Zip |
|  | | | | |  | |  |  |
|  | | | | | | | | |
| **Signature Disclaimer** | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. | | | | | | | | |
| Name (Please Print) | |  | | | Signature | | | |
|  | | | | |  | | | |
| Date | |  | | |
|  | | | | |