

PROJECT HEALTH INC. d/b/a LANGLEY HEALTH SERVICES

Application for Employment (Please Fill Out All Pages in Its "Entirety")

Mailing Address: 1425 S. US Hwy 301, Sumterville, FL 33585

Email: hr@telmedical.com

Fax: 352-793-6269

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. **Langley Health Services is a Drug-Free Workplace.** Required drug testing will occur.

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip

Telephone# () _____ Mobile# () _____ E-mail Address _____

Position(s) applied for _____ Date of application ____/____/____

Referral Source (Please circle the appropriate category)

Walk-in _____ Company's Website _____ Job Fair _____ Advertisement (Source) _____

Employee (Who) _____ Other _____

If necessary, best time to call you at home is _____

May we contact you at work? Yes No

If yes, work number and best time to call:
() _____

If you are under 18 and it is required, can you furnish a work permit?
Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give date(s) From ____/____/____ to ____/____/____

Are you a U.S. Citizen and have the right to work in this Country?
Yes No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ Per _____

Type of employment desired: Full Time Part Time
Seasonal Temporary

Will you relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

Are you related to anyone at Langley Health Services?
Yes No If so, whom _____

If it have been explained to you, are you able to meet the attendance requirements of the position?
N/A Yes No

If no, please explain _____

Driver's license number if driving may be required in the position for which you are applying:
_____ State _____

Have you ever been bonded? Yes No

Answering yes to the following questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
If yes, please provide date(s) of conviction, penalty(s) imposed and type of crime(s) _____

Employment History

Starting with your most recent employer, provide the following information: (Please list Phone numbers)

Please Do Not Write "See Resume". We need to have phone numbers, etc.

Employer _____ Phone() _____ Address _____ Starting job title/final job title _____ Immediate supervisor _____ May we contact? Yes No Why did you leave? _____ Summarize the type of work performed and job responsibilities _____ What did you like most about your job? _____ What were the things you like least about your position? _____	Dates employed _____ to _____ Starting Compensation _____ per _____ Final Compensation _____ per _____ Commission/Bonus/Other Compensation _____
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Employment History (continued)

Explain any gaps in your employment, other than those due to personal illness, injury, or disability: _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **yes**, please explain: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

Computer Skills: (circle appropriate items, include software titles and years of experience.)

Word Processing _____ Years ____ Internet _____ Years ____ Spreadsheet _____ Years ____
 Presentation _____ Years ____ E-mail _____ Years ____ Other _____ Years ____
 Other _____ Years ____ Other _____ Years ____ Other _____ Years ____

Education Starting with High School , provide the following information:

School (include City and State)	Years Completed	Completed	GPA	Major/Minor
		Diploma _____ Degree _____ Certificate _____ Other _____		
		Diploma _____ Degree _____ Certificate _____ Other _____		
		Diploma _____ Degree _____ Certificate _____ Other _____		
		Diploma _____ Degree _____ Certificate _____ Other _____		
		Diploma _____ Degree _____ Certificate _____ Other _____		
		Diploma _____ Degree _____ Certificate _____ Other _____		

References: List name and phone number of three business/work references who are **not** related to you and are **not** supervisors.

Name	Title	Relationship to You	Telephone	Number of Years Known

Related Information: To what job-related organizations (professional, trade, etc.) do you belong?

Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

Applicant Statement: Signature Below Shall Serve as Applicant “Authorization for Release” of Information

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, motor vehicle report, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or 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 for me to reapply and fill out a new application.

I understand that if I am hired, my employment will be subject to a probationary period, which ordinarily will not exceed 90 days from the date I am hired. If I am discharged at any time during the probationary period for unsatisfactory performance, I understand that this employer will not be charged for any unemployment benefits that may be paid to me for work I performed during the probationary period.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer’s service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

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

Printed Name of Applicant: _____ **SSN:** _____

Signature of Applicant: _____ **Date:** _____