

SOLVISTA HEALTH
Application for Employment

Position You Are Applying For _____ Desired Salary Range _____
Date Available for Work _____

PERSONAL INFORMATION

NAME _____ HOME PHONE _____
ADDRESS _____
EMAIL ADDRESS _____ CELL PHONE _____
Social Security Number _____
Are you a U.S. Citizen? YES _____ NO _____ Have you ever been convicted of a Felony? Yes _____ NO _____
If selected for employment are you willing to submit to a pre-employment drug screening test? YES _____ NO _____

EDUCATION

| HIGH SCHOOL OR GED | LOCATION | DATES ATTENDED | DEGREE RECEIVED | MAJOR |
|---------------------------|----------|----------------|-----------------|-------|
| | | | | |
| GRADUATE OR POST GRADUATE | | | | |
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CERTIFICATIONS OR LICENSES HELD: _____

EMPLOYMENT

Employer: _____ Dates employed: _____
Address: _____ Phone _____
Position held: _____ Starting Pay Rate/Salary: _____
Supervisor: _____ Ending Pay Rate/Salary: _____
Duties Performed: _____

Reason for leaving: _____
May we contact them? YES _____ NO _____

Employer: _____ Dates employed: _____
Address: _____ Phone _____
Position held: _____ Starting Pay Rate/Salary: _____
Supervisor: _____ Ending Pay Rate/Salary: _____
Duties Performed: _____

Reason for leaving: _____
May we contact them? YES _____ NO _____

EMPLOYMENT - CONTINUED

Employer: _____ Dates employed: _____

Address: _____ Phone _____

Position held: _____ Starting Pay Rate/Salary: _____

Supervisor: _____ Ending Pay Rate/Salary: _____

Duties Performed: _____

Reason for leaving: _____

May we contact them? YES _____ NO _____

REFERENCES

| Name | Title | Company | Phone/email contact info |
|------|-------|---------|--------------------------|
| | | | |
| | | | |
| | | | |
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ACKNOWLEDGEMENT AND AUTHORIZATION

Have you ever been sanctioned, terminated or excluded from and federally funded program? YES _____ NO _____

If yes explain: _____

Have you ever been involuntarily terminated from a federal program in this state or any other state? YES _____ NO _____

If yes explain: _____

Have you ever been involved in an administrative repayment situation? YES _____ NO _____

If yes explain: _____

_____ I certify that all answers given herein are true and complete to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision

_____ In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant

Date

SOVISTA HEALTH IS AN EQUAL OPPORTUNITY EMPLOYER We comply with all applicable Federal, State and Local Laws concerning discrimination in employment. No question in this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of such law.