

EASTON HEALTHCARE AGENCY, INC.
2021 E. DUBLIN GRANVILLE RD. SUITE 290
COLUMBUS, OHIO 43229.
Phone; (614) - 880-9402.
Fax: (614) - 880-9401.

APPLICATION FOR EMPLOYMENT

Personal Information: (Please Print)

Today's Date: _____

Name:

Last

First

Middle Initial

Address:

Street

_____ (_____) _____

City

State

Zip Code

Telephone Number

Date of Birth: ____/____/____ **Social Security Number:** ____-____-____

Please Indicate address where you have resided in the past five years:

From Date	To Date	Address			
		Street	City	State	Zip

How did you hear about this company?

Who referred you?

Have you ever applied to this company before? _____ Yes _____ No

How Far can you Drive .

What position are you applying for? _____
(Job Title)

Part time _____ Full Time _____ Shift: 1st _____ 2nd _____ 3rd _____ Weekends _____ Other _____

Will you work overtime if asked? _____ Are you 18 years of age or older? _____

Salary or Rate desired: _____ per _____ Date available to start work? _____

Have you in the past committed a crime, an offense or a felony? _____ Yes _____ No

If yes, where, for what. Please give detail:

Do you have personal reliable transportation? _____ Yes _____ No

Are you known to schools/employers by another name? _____ Yes _____ No

If yes, indicate the Name: _____

If currently employed, may we contact your present employer? _____ Yes _____ No

List special skills, training, or accommodations you feel we should be aware of in considering your application:

Please list below three people you have known for at least one year (exclude relatives)

Name and Occupation	Address	Telephone
1.		
2.		
3.		

EDUCATIONAL BACKGROUND

School Name and Address	Course of Study	Did you Graduate?	Degree or Diploma

WORK HISTORY (List most recent employer first)

Date Month & Year	Employer's Name, Address, Supervisor's Name, Phone Number	Job Title and Duties	Salary Start/End	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

Are you legally permitted to work in the U.S.? _____ Yes _____ No

If yes, can you show proof of employment eligibility? _____ Yes _____ No

Emergency Contact: Name of contact. _____

Phone Number: (_____) _____ Alternative Number: (_____) _____

Address. _____

City. _____ State. _____ Zip Code _____

I hereby certify that all responses on this employment application are true and complete.

I hereby authorize Easton Healthcare Agency, Inc. to contact former employers and obtain any information pertaining to this employment application.

I understand and agree that any falsification, misrepresentation or omission, either on this application or during the interview process may disqualify me from further consideration for employment. If employed by Easton Healthcare Agency, Inc. the discovery of any falsification, misrepresentation or omission may make me subject to dismissal.

I understand and agree that if I am employed by Easton Healthcare Agency, Inc. my employment is at-will, so that I can terminate my employment at any time and for any reason, after at least a week notice.

Likewise, Easton Healthcare Agency, Inc. can terminate my employment at any time with or without notice and for any reason.

If employed, I hereby authorize deductions from wages due me for any amount I owe Easton Healthcare Agency, Inc. or for charges I have incurred including but not limited to unreturned Easton Healthcare Agency, Inc.'s property, telephone call charges, damages to property or equipment, failure to follow Easton Healthcare Agency, Inc.'s policies which results in cash or inventory shortages.

AN EQUAL OPPORTUNITY EMPLOYER.

Applicants Name _____ Alternative Phone # (_____) _____

Applicants Signature _____

Date. ____/____/____