

MINGO HEALTH SOLUTIONS, LLC

Employment Application

Applicant Information											
Full Name:					Date:						
	Last			Firs	t			M.I.			
Address:											
Address.	Street	Address							Apartment/Unit #		
	City							State	ZIP Code		
	Ony							Oldie	211 0000		
Phone:						Email					
Date Available to start: Social Security No.:											
Days of wee	ays of week:							Daily Time frame:			
ls your sche flexible? Ple explain:											
Position Applied for:											
Are you able	e to pe	rform the essent	ial functio	ns of th	ne posit	ion with or v	without ac	commodatio	ins?		
		f the United Sta		YES	NO NO				YES NO		
	uzen o		.63 :			ii no, are	you autri				
Have you ev	ver woi	ked for this com	ipany?	YES □		If yes, when?					
YES NO Have you ever been convicted of a felony?											
lf yes, expla	in:										
Are you willi to submit a background check?	ng										
Education											
High School: Address:											
YES NO From: To: Did you graduate? Diploma::											

College:		Addres	s:						
From:	То:	Did you graduate	YES ?	NO □	Degree:				
Other:		Addres	s:						
From:	То:	Did you graduate	YES ?	NO □	Degree:				
Additional Skills/Certificates/Qualifications									
Other qualificati	Other qualifications such as special skills, abilities or honors that should be considered:								
Types of compu	Types of computers, software, and other equipment you are qualified to operate or repair:								
Professional lice	Professional licenses, certifications or registrations:								
Additional skills, including supervision skills, other languages or information regarding the career/occupation you wish to bring to the employer's attention:									
		Emerge	ncy Cont	act					
Name:	Address: Phone Number:								
Name:		Address:			Phone Number:				
		Refe	erences						
Please list thre	e professional refe	rences.							
Full Name:					Relationship:				
Company:					Phone:				
Address:									
Full Name:					Relationship:				
Company:					Phone:				
Address:									
Full Name:					Relationship:				
Company:					Phone:				
Address:			-						
		Previous	Employ	ment					
Company:					Phone:				

Address:				Supervisor:	
Job Title:	Starting S	Ending Salary: <mark>\$</mark>			
Duties/ Responsibiliti	es:				
From:	То:				
	act your previous supervisor for a reference?	YES	NO		
Company:				Phone:	
Address: _				Supervisor:	
Job Title:	Starting S	Ending Salary: <u>\$</u>			
Duties/ Responsibiliti	es:				
From:	То:	Reason fo	or Leaving:		
May we conta	act your previous supervisor for a reference?	YES	NO □		
Company:				Phone:	
Address:				Supervisor:	
Job Title:	Starting S	alary: <u>\$</u>		Ending Sala	ary: \$
Duties/ Responsibiliti	es:				
From:	То:	Reason fo	or Leaving:		
May we conta	act your previous supervisor for a reference?	YES	NO □		
	Military	Service			
Branch:			From:		To:
Rank at Disch	narge:	Type of	Discharge:		
If other than h	nonorable, explain:				

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references. If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the United States, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms. I understand and agree to the information shown above.

Signature:

Date:_____