PREMIER
Health Services Inc.

Please Print Clearly

APPLICATION FOR EMPLOYMENT

Company Name PREMIER HEALTH SERVICES, INC. **Date** _____

Please Answer All Questions. Résumés Are Not A Substitute For A Completed Application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Applicant Name _____Position Applied For _____ (list only one)

Telephone Number ( ) _____-_____ Alternate/Cellular Telephone Number ( ) _____- _____

Present Address _____
Street, Apartment, or Unit Number

_____ _____ _____ How long have you lived there _____/_____ Years/Months
City State Zip

Email Address (optional) _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes ☐ No ☐

Type of employment desired? Full-time ☐ Part-time ☐ (Specify Hours)_____

Can you work on weekends Yes ☐ No ☐ Date on which you can start work if hired _____

Have you previously applied for employment with this Company? Yes ☐ No ☐

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? Yes ☐ No ☐

If Yes, provide dates of employment, location and reason for separation from employment. _____

_____

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

_____

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

WORK EXPERIENCE

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment. Do not answer "see *résumé.*"

Employer

_____ _____ _____

Name ***Address*** ***Type of Business***

Telephone (____) _____ Dates Employed From ____/_____/_____ To____ / _____ / ____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? ☐ Yes ☐ No If No, why not? _____

Reason for Leaving? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

How much notice did you give when resigning? If none, explain. _____

Employer

_____ _____ _____

Name ***Address*** ***Type of Business***

Telephone (____) _____ Dates Employed From ____/_____/_____ To____ / _____ / ____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? ☐ Yes ☐ No If No, why not? _____

Reason for Leaving? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

How much notice did you give when resigning? If none, explain. _____

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No If Yes how many times? _____

Has your employment ever been terminated by mutual agreement? ☐ Yes ☐ No If Yes how many times? _____

Have you ever been given the choice to resign rather than be terminated? ☐ Yes ☐ No If Yes how many times? _____

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

_____

_____

_____

REFERENCES [Required]

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

NAME	POSITION	COMPANY	WORK RELATIONSHIP (i.e. supervisor, co-worker)	TELEPHONE

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

NAME	OCCUPATION	ADDRESS	TELEPHONE	NUMBER OF YEARS KNOWN

DRIVING INFORMATION For Field Monitor Only (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver's license? ☐ Yes ☐ No If yes, License No.: _____ State: _____

Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not?

_____

Has your license ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain:

_____

Do you have personal automobile insurance? ☐ Yes ☐ No

If no, explain:

_____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? ☐ Yes ☐ No If yes, explain:

_____

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY.IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ **Date** _____ / _____ / _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

_____ _____

Parent/Legal Guardian **Witness**

_____ _____

Date **Date**

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR, POLYGRAPH, OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING $100. I have read and understand this statement.

Applicant Signature _____ **Date** _____ / _____ / _____

I

For Official Use Only

Reviewed By:_____ Date:_____/_____/_____ ☐

Approved By:_____ Date:____/_____/_____

Hire Date:_____/_____/_____