



**APPLICATION FOR EMPLOYMENT**  
AN EQUAL OPPORTUNITY EMPLOYER

Success Healthcare, LLC is an Equal Opportunity Employer. We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability or handicap, sexual orientation, or any other legally protected status.

**PERSONAL INFORMATION:**

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

CURRENT ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

PHONE (\_\_\_\_\_) \_\_\_\_\_ How long at this address? \_\_\_\_\_

ALTERNATE PHONE (\_\_\_\_\_) \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Are you at least 18 years of age?  Yes  No

Have you ever been convicted of a crime(s) other than a minor traffic violation within the last 7 yrs? [ ] Yes [ ] No  
If yes, explain the nature of the crime, where, when, and disposition [A conviction will not necessarily result in the denial of employment] \_\_\_\_\_

Have you ever worked under another name?  Yes  No If yes, please list \_\_\_\_\_

What licenses/certifications do you hold? \_\_\_\_\_ License # \_\_\_\_\_

In what states have you been licensed? \_\_\_\_\_

If you are a licensed/certified professional, is your license/certification currently pending review? [ ] Yes [ ] No  
If so, please explain \_\_\_\_\_

**GENERAL INFORMATION:**

Date Available to Work \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_ Salary Desired \_\_\_\_\_

Can you perform the essential functions of this job?  Yes  No If no, please explain? \_\_\_\_\_  
*(If you have any questions about the functions of this job, please ask the interviewer before answering this question)*

Have you previously applied for employment with us before?  Yes  No If yes, when? \_\_\_\_\_

Have you worked for SHI before?  Yes  No If yes, when? \_\_\_\_\_

List any relatives employed by SHI \_\_\_\_\_

Why do you desire a job change? \_\_\_\_\_

How were you referred? \_\_\_\_\_

**EMPLOYMENT HISTORY**

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

<b>1</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
<b>2</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
<b>3</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO
<b>4</b>	<b>EMPLOYER</b>	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)
		MO.	YR.			
NAME OF COMPANY				\$	DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO		ENDING SALARY		
CITY, STATE, ZIP				\$	NAME & TITLE OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS				
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [ ] YES [ ] NO

Have you ever been dismissed or asked to resign from a job? If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade School				
Graduate Work				

List any academic, professional, trade, civic, or social activities; offices held; or special courses, seminars, and/or training (Excluding any which reveal your race, color, religion, age, gender, sexual orientation, disability, marital status, or other protected status)

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**EMPLOYMENT ELIGIBILITY STATUS:** Are you lawfully eligible to be employed in the United States?  
 Yes  No (proof of identity and/or eligibility status is required upon employment)

**MILITARY SERVICE:**

Branch \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

Was your discharge in connection with criminal charges?  Yes  No

If yes, fully explain \_\_\_\_\_

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**SKILLS:** Check the areas in which you have a working knowledge:

Computer Software: \_\_\_\_\_ Microsoft Office ( \_\_\_ Word/ \_\_\_ Excel/ \_\_\_ Powerpoint/ \_\_\_ Access)  
(please indicate level of experience for each: B=Basic, I=Intermediate, A=Advanced)  
 \_\_\_\_\_ Accounting & Finance \_\_\_\_\_ HRIS \_\_\_\_\_ Other (list: \_\_\_\_\_)

Type  Yes  No wpm \_\_\_\_\_ Shorthand  Yes  No wpm \_\_\_\_\_

Other Office Equipment \_\_\_\_\_

Describe any other special skills or aptitudes that you feel would qualify you for a position with our company \_\_\_\_\_

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**REFERENCES:**

List three business references who can attest to your work capabilities (do not include relatives or former employees)

	NAME	OCCUPATION	COMPANY NAME	PHONE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

This application will be considered active for a period of 1 year from the date of its completion. If you wish to be considered for employment after that time, you must personally submit a new application. Incomplete application forms (even when accompanied by a resume) will not be considered. You must fill in your own application (please print). Omissions or falsifications may result in ineligibility for employment or immediate dismissal if employed

### CONSENT AND CERTIFICATION

**IMPORTANT: READ THIS CAREFULLY BEFORE SIGNING AND DATING APPLICATION**

I certify that the answers given by me on this application are true, correct, and complete. I agree that any misstatement or pertinent omission made by me in this application may result in my rejection for employment, or if hired, may subsequently subject me to dismissal. Moreover, I understand that offers of employment may be conditioned upon my passing a physical examination, background check and/or drug test.

Date \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Applicant