



Employment/Job Application

CHCS Services, Inc. d.b.a. Wellcove

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Number: (____) _____

Position desired? _____

Can you perform the essential functions of the position for which you are applying with or without accommodation? YES [] NO []

When are you available to begin work? _____

Are you legally eligible to be employed in the United States? YES [] NO []
(Proof of identity and eligibility will be required upon employment)

Are you over the age of 18 years? YES [] NO []

Have you ever worked for Wellcove? YES [] NO []

If yes, where? _____ When? _____ Job Title: _____

Do you have any relatives or friends who work for the Company? YES [] NO []
If yes, who and where do they work?

Are you available to work: DAYS [] NIGHTS [] WEEKENDS [] FULL TIME []

Note: Positions with Wellcove are full-time unless otherwise specified

Days and Hours Available:(If employed, notification must be provided in writing and approved should availability change.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

EMPLOYMENT

Start with your current or most recent position

Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	May we contact?
Describe the Work Performed			
Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	May we contact?
Describe the Work Performed			
Name of Employer		Telephone Number	
Full Address (Including Street, City, State & Zip)		Supervisor's Name and Title	
Dates Employed	From Month/Day/Year	To Month/Day/Year	May we contact?
Describe the Work Performed			

Use an additional sheet of paper if more space is necessary.

If presently employed, why are you considering leaving?

Account for any full month since leaving school (high school or college) that you were not working:

From	To	Reason
Mo/Yr		
Mo/Yr		

EDUCATION

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

Have you completed any special courses, seminars and/or training directly related to the position for which you are applying? YES [] NO [] If yes, please describe:

List academic honors, extracurricular activities, offices held, etc. in high school or college: (Omit any which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? YES [] NO []

If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

How did you hear about Wellcove? _____

If you were referred by an employee, please indicate who. _____

We are an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

IMPORTANT, PLEASE READ AND SIGN

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that giving false or misleading information on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries.

In consideration for my employment and my being considered for employment, I agree to and understand that as part of the hiring process I may be required to complete a background check and drug screen. Furthermore, I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signed: _____ Date: _____

Do not write below this line

RESULTS

Employed: YES [] NO []

If Yes, Job Title: _____ Department _____

Date beginning Employment _____ Compensation \$ _____ per _____

Interviewed by: _____ Date: _____