



# Employment Application (Please Print)

We consider applicants for all positions without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, age, disability, marital or veteran status, citizenship, genetic information, or any other characteristic protected by law.

How did you hear about us?  Sound Health website  Facebook  Sound Health Employee: \_\_\_\_\_  
 Other: \_\_\_\_\_

Have you ever applied for a position with Sound Health before?  Yes  No If Yes, when? \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/202\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State ZIP Code

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available to Work: \_\_\_/\_\_\_/202\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Preference:  Full time  Part-time  PRN

Are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? From: \_\_\_/\_\_\_ To: \_\_\_/\_\_\_

Are you currently employed? YES NO If yes, may we contact your current employer?  Yes  No

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

Did you graduate? YES NO Degree: \_\_\_\_\_

## References (Please list three professional references)

Full Name: \_\_\_\_\_ Title / Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title / Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Title / Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

### Work Experience

Name of Supervisor \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Performed: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Wage: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Performed: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Wage: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Performed: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Wage: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Performed: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Wage: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Address: \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ Work Performed: \_\_\_\_\_  
To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Starting Wage: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Ending Wage: \_\_\_\_\_  
Address: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

### Specialized Skills or Licenses

\_\_\_\_\_  
\_\_\_\_\_

### Explanation for Gaps in Employment

\_\_\_\_\_  
\_\_\_\_\_

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/202\_\_