

# Application for Employment Optimum Health Institute (“OHI”)

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We consider applicants for all positions without regard to race, color, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. However, we are a drug-free and smoke-free workplace. OHI may use the information given in the application to investigate the applicant's previous employment and background.

The Application for Employment will be considered inactive after 90 days. If you wish to be considered after that time, you must complete a new Application for Employment.

**Directions:** You must fully and accurately complete the Application for Employment. Incomplete applications will not be considered. If you do not have all information with you at this time (date, telephone numbers, addresses, etc.), please keep this application and return it when it is completed. **PLEASE PRINT CLEARLY.**

## *Personal Information*

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Name

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Last	First	Middle
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Other Name(s) Used:

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Last	First	Middle
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Current Address:

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Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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***Personal Information***

**Previous Addresses for  
the last 7 years:**

**(Attach a separate  
sheet if necessary)**

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Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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Number & Street Name	From - To Residence Dates
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City	State	Zip Code
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**Phone Numbers:**

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Home	Work/Ext.	Other
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**Email Address:**

**Were you a member of  
the U.S. Armed Forces?**

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yes  no    Branch: \_\_\_\_\_

Date of Duty from \_\_\_\_\_ to \_\_\_\_\_

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Type of Separation/Discharge	Duties
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### *Employment Desired*

Date you can start:	Salary Desired:	
Are you currently employed? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, may we contact your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no	
Have you ever applied to OHI? <input type="checkbox"/> yes <input type="checkbox"/> no	When?	Where?
Have you been employed with us before? <input type="checkbox"/> yes <input type="checkbox"/> no	When?	Position:
Are you related to a current employee? <input type="checkbox"/> yes <input type="checkbox"/> no	If so, please write the name of the employee?	
How did you hear about this position?	<input type="checkbox"/> Indeed <input type="checkbox"/> Zip Recruiter <input type="checkbox"/> Craigslist	<input type="checkbox"/> Business Associate/ Friend <input type="checkbox"/> Referral Referral Name: _____
Can you travel if a job requires it?	<input type="checkbox"/> yes <input type="checkbox"/> no	

### *Professional Certifications*

Please list all licenses or certificates you have (attach a separate sheet if necessary):

Type	Issuing Agency & State	Number	Initial Issue Date	Expiration Date

***Education***

	<b>High School/GED</b>	<b>Undergrad. Education</b>	<b>Graduate or Professional Education</b>	<b>Other (Trade School, etc.)</b>
<b>Name &amp; Address &amp; Phone</b>	_____ _____  Phone: _____	_____ _____  Phone: _____	_____ _____  Phone: _____	_____ _____  Phone: _____
<b>Last year attended</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9 10 11 12	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4  Major: _____ Minor: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4  Major: _____ Minor: _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 2 3 4
	Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no  If not, do you have an equivalency certificate (e.g., GED)?  <input type="checkbox"/> yes <input type="checkbox"/> no	Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no  _____ G.P.A  Degree/ Course of Study: _____	Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no  _____ G.P.A  Degree/ Course of Study: _____	Graduate? <input type="checkbox"/> yes <input type="checkbox"/> no  Degree/ Course of Study: _____
<b>Foreign Language</b>	1 _____  2 _____	<input type="checkbox"/> Speak  <input type="checkbox"/> Speak	<input type="checkbox"/> Write  <input type="checkbox"/> Write	<input type="checkbox"/> Read  <input type="checkbox"/> Read

**List Specialized Skills, Training, Apprenticeships and extra-curricular activities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## *Employment History*

*Directions: Start by listing your most recent job. Include any job-related military service assignments and volunteer activities.*

<b>Employer's Name &amp; Address</b>	_____
	_____
<b>Phone Number</b>	_____
<b>Employment Dates</b> <i>from</i>	_____ <i>to</i> _____
<b>Job Title</b>	_____
<b>Work Performed</b>	_____
	_____
<b>Supervisor's name</b>	_____
<b>Reason for leaving</b>	_____
<b>May we contact employer:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

  

<b>Employer's Name &amp; Address</b>	_____
	_____
<b>Phone Number</b>	_____
<b>Employment Dates</b> <i>from</i>	_____ <i>to</i> _____
<b>Job Title</b>	_____
<b>Work Performed</b>	_____
	_____
<b>Supervisor's name</b>	_____
<b>Reason for leaving</b>	_____
<b>May we contact employer:</b>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

***Employment History (Continued)***

<b><i>Employer's Name &amp; Address</i></b>	_____
<b><i>Phone Number</i></b>	_____
<b><i>Employment Dates</i></b>	<b><i>from</i></b> _____ <b><i>to</i></b> _____
<b><i>Job Title</i></b>	_____
<b><i>Work Performed</i></b>	_____ _____
<b><i>Supervisor's name</i></b>	_____
<b><i>Reason for leaving</i></b>	_____
<b><i>May we contact employer:</i></b>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

<b><i>Employer's Name &amp; Address</i></b>	_____
<b><i>Phone Number</i></b>	_____
<b><i>Employment Dates</i></b>	<b><i>from</i></b> _____ <b><i>to</i></b> _____
<b><i>Job Title</i></b>	_____
<b><i>Work Performed</i></b>	_____ _____
<b><i>Supervisor's name</i></b>	_____
<b><i>Reason for leaving</i></b>	_____
<b><i>May we contact employer:</i></b>	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If no, why not?</i> _____

***If more space is needed, please attach a separate sheet of paper.***

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**General Information**

*If you are under age 18, can you provide proof of your eligibility to work?*

yes  no

*Are you legally eligible to work in the United States?\**

yes  no

*Have you ever been fired from a job?*

yes  no

*If so, please explain:*

Termination  
Date:

\_\_\_\_\_

*Do you smoke?*

yes  no

*Do you believe in a benevolent, supreme being?*

yes  no

\*All new hires must produce proof of identity and employment eligibility upon hire in accordance with the Immigration Reform and Control Act.

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### *Professional References*

**Directions:** List professional references that know your work. Do not include personal references.

<b>Name of Person</b>	<b>Organization Name and Address</b>	<b>Position Held</b>	<b>Phone Number</b>	<b>Number of Years Known</b>

### *Authorization*

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

**I Agree**       **I Disagree**

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release OHI from all liability for any damage that may result from utilization of such information.

**I Agree**       **I Disagree**

I also understand and agree that no representative of OHI has any authority to enter into any agreement for employment for any specified period of time, or make any agreement to the contrary to the foregoing, unless it is in writing and signed by an authorized OHI representative.

**I Agree**       **I Disagree**

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American's with Disabilities Act (ADA) and other relevant federal and state laws.

**I Agree**       **I Disagree**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_