

EMPLOYMENT APPLICATION

**PLEASE COMPLETE THE ENTIRE APPLICATION
PRE-EMPLOYMENT DRUG TESTING REQUIRED
CRIMINAL BACKGROUND CHECK REQUIRED**

Position Applied For:

PERSONAL DATA Each applicable field in this section must be completed.				
PREFIX (CHECK ONE) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	FIRST NAME	MIDDLE INITIAL	LAST NAME	MAIDEN NAME/OTHER LAST NAME USED
SOCIAL SECURITY NO.	ADDRESS			
CITY		STATE	ZIP	COUNTRY
AREA CODE/HOME PHONE		OTHER PHONE NUMBER		EMAIL ADDRESS
ARE YOU ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHO REFERRED YOU TO HPI? <input type="checkbox"/> Advertisement <input type="checkbox"/> Direct Mail <input type="checkbox"/> Employee <input type="checkbox"/> Former Employee <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Internet <input type="checkbox"/> Job Fair <input type="checkbox"/> State Employment Agency <input type="checkbox"/> Trade Publication <input type="checkbox"/> Walk In <input type="checkbox"/> Other Source		
IF AN EMPLOYEE REFERRED YOU, EMPLOYEE'S NAME				
HAVE YOU EVER WORKED FOR HPI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES FROM: _____ TO: _____ (mm/dd/yyyy)		IF YES UNDER WHAT NAME?
IF YES, YOUR REASON FOR LEAVING HPI?			ANY RELATIVE EMPLOYED BY HPI? (Name)	
CAN YOU WORK WEEKENDS ON A ROTATING BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT STATUS ARE YOU APPLYING FOR? <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> PER DIEM / OCCASIONAL		WHAT SHIFT ARE YOU APPLYING FOR? <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> ANY
WHAT ARE YOUR DESIRED WORK DAYS? <input type="checkbox"/> MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN			DATE AVAILABLE TO BEGIN WORK? (mm/dd/yyyy)	
APPROXIMATE DESIRED HOURS PER WEEK? <input type="checkbox"/> 8 <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> 32 <input type="checkbox"/> 40			WHAT IS YOUR MINIMUM SALARY ACCEPTABLE? \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	
EDUCATION				
WHAT IS YOUR HIGHEST EDUCATION LEVEL? <input type="checkbox"/> Less than HS Graduate <input type="checkbox"/> HS Graduate or GED <input type="checkbox"/> Some College <input type="checkbox"/> Technical School <input type="checkbox"/> 2-Yr Degree <input type="checkbox"/> Bachelor's Level <input type="checkbox"/> Some Grad School <input type="checkbox"/> Master's Level <input type="checkbox"/> Doctorate (Academic) <input type="checkbox"/> Doctorate (Professional)				
ADVANCED EDUCATION (If Applicable) Each field in these sections must be completed, or we cannot accept your education record(s)				
NAME OF COLLEGE, UNIVERSITY, BUSINESS OR TECH SCHOOL				STATE AND/OR COUNTRY
YEAR EARNED OR EXPECTED	AREA OF STUDY/MAJOR	DEGREE TYPE <input type="checkbox"/> Vocational <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other		GPA
NAME OF COLLEGE, UNIVERSITY, BUSINESS OR TECH SCHOOL				
YEAR EARNED OR EXPECTED	AREA OF STUDY/MAJOR	DEGREE TYPE <input type="checkbox"/> Vocational <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Ph.D. <input type="checkbox"/> Other		GPA
GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
MILITARY RECORD				
Have you served in the Armed Forces? <input type="checkbox"/> NO <input type="checkbox"/> YES Discharge Date _____ If discharged, What type of discharge? _____				
Current Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive If active, describe your obligation: _____				
Describe your present or previous military occupational specialty: _____				

EMPLOYMENT HISTORY Each field in these sections must be completed, or we cannot accept your Employment History record(s)**CURRENT/ MOST RECENT EMPLOYMENT**

NAME OF COMPANY		EMPLOYMENT DATES STARTED: ENDED: (m/d/yy)	
CITY		STATE AND / OR COUNTRY	
AREA CODE/ PHONE	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	BEGINNING and ENDING JOB TITLE	
SALARY \$ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	YOUR IMMEDIATE SUPERVISOR'S NAME	YOUR FIRST AND LAST NAME WHILE EMPLOYED	
YOUR REASON FOR LEAVING THIS COMPANY			
NATURE OF YOUR DUTIES (50 words or less)			

1ST PREVIOUS EMPLOYMENT

NAME OF COMPANY		EMPLOYMENT DATES STARTED: ENDED: (m/d/yy)	
CITY		STATE AND / OR COUNTRY	
AREA CODE/ PHONE	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	BEGINNING and ENDING JOB TITLE	
SALARY \$ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	YOUR IMMEDIATE SUPERVISOR'S NAME	YOUR FIRST AND LAST NAME WHILE EMPLOYED	
YOUR REASON FOR LEAVING THIS COMPANY			
NATURE OF YOUR DUTIES (50 words or less)			

2ND PREVIOUS EMPLOYMENT

NAME OF COMPANY		EMPLOYMENT DATES STARTED: ENDED: (m/d/yy)	
CITY		STATE AND / OR COUNTRY	
AREA CODE/ PHONE	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	BEGINNING and ENDING JOB TITLE	
SALARY \$ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	YOUR IMMEDIATE SUPERVISOR'S NAME	YOUR FIRST AND LAST NAME WHILE EMPLOYED	
YOUR REASON FOR LEAVING THIS COMPANY			
NATURE OF YOUR DUTIES (50 words or less)			

3RD PREVIOUS EMPLOYMENT			
NAME OF COMPANY		EMPLOYMENT DATES STARTED: _____ ENDED: _____ (m/d/yy)	
CITY		STATE AND / OR COUNTRY	
AREA CODE/ PHONE	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	BEGINNING and ENDING JOB TITLE	
SALARY \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	YOUR IMMEDIATE SUPERVISOR'S NAME	YOUR FIRST AND LAST NAME WHILE EMPLOYED	
YOUR REASON FOR LEAVING THIS COMPANY			
NATURE OF YOUR DUTIES (50 words or less)			
4th PREVIOUS EMPLOYMENT			
NAME OF COMPANY		EMPLOYMENT DATES STARTED: _____ ENDED: _____ (m/d/yy)	
CITY		STATE AND / OR COUNTRY	
AREA CODE/ PHONE	MAY WE CONTACT THEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	BEGINNING and ENDING JOB TITLE	
SALARY \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Month <input type="checkbox"/> Year	YOUR IMMEDIATE SUPERVISOR'S NAME	YOUR FIRST AND LAST NAME WHILE EMPLOYED	
YOUR REASON FOR LEAVING THIS COMPANY			
NATURE OF YOUR DUTIES (50 words or less)			
EMPLOYMENT DATE GAPS Please explain any gaps in Employment Dates (20 words or less)			
LICENSURE / SKILLS AND TRAINING / QUALIFICATIONS Please list your current professional or technical license, and/or certificates, if applicable			
PROFESSIONAL OR TECHNICAL REGISTRATION, LICENSE AND/OR CERTIFICATION			
(1) TYPE	SCHOOL RECEIVED FROM		NUMBER
ISSUE DATE	EXPIRATION DATE	STATE AND/OR COUNTRY	
(2) TYPE	SCHOOL RECEIVED FROM		NUMBER
ISSUE DATE	EXPIRATION DATE	STATE AND/OR COUNTRY	
List your special skills, including machines or equipment and your proficiency level (e.g. Typing 45 WPM). Also, please list any activities, experiences achievements, and/or qualifications which are relevant to this application for employment (50 words or less)			
Has your professional license ever been suspended, denied, revoked, canceled, sanctioned, placed on probation, not renewed, or relinquished for disciplinary reasons? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			

MISCELLANEOUS INFORMATION/AFFIDAVIT Please read the information below and answer all of the questions carefully. Attach additional sheets if necessary.

Have you been discharged or asked to resign within the last 5 years?
 YES NO If yes, why?

Have you ever been charged, convicted, plead guilty or no contest before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations)
 YES NO If yes, describe.

Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? (Excluding minor traffic violations)
 YES NO If yes, describe.

Have you ever received probation or community supervision for any federal, state or municipal criminal offense?
 YES NO If yes, describe.

Have you ever been arrested for molesting or abusing a minor?
 YES NO If yes, describe.

Have you ever been charged, convicted, plead guilty or no contest of any criminal offense in a country outside the jurisdiction of the United States?
 YES NO If yes, describe.

As of the date of this application, do you have any pending criminal charges against you?
 YES NO If yes, describe.

Are you currently, or have you been excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regards to participation in Medicare, Medicaid or any other federal health care program or federal contracts of any type or, been the subject of a proceeding that may lead to exclusion for any reason (e.g. fraud convictions, patient abuse, defaults on health education loans or other offense)?
 YES NO If yes, why and when?

Do you hold a current and valid Oklahoma driver's or commercial chauffeur's license?
 YES NO If yes, give type, expiration date and number.

Has your driver's license been revoked or suspended in the last 5 years?
 YES NO If yes, give year and reason.

PROFESSIONAL REFERENCES:

Name	Relationship to Applicant	Name of organization where individual knew your work performance	Address	Telephone

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application or during the interview may result in rejection of my application or immediate discharge at any time during my employment. I understand that employment is contingent upon, but not limited to receipt of satisfactory references, an employment physical, license verification, criminal history, motor vehicle driving records and proof of identity and authorization to work in the United States.

In consideration of my employment, I agree to conform to the rules and regulations for HPI, and I understand that my employment with HPI is of an "at will" nature, and I understand that this means that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either HPI or myself. I understand that no representative of HPI has any authority to enter into any agreement, promise or contract for employment of me for any specified period of time. I further understand that no representative of HPI has any authority to make any agreement, promise or contract contrary to the foregoing.

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report may be made in connection with your application for employment.

I understand that the use of illegal drugs is prohibited during employment. I consent to submit to a Drug Screening Test for illegal drugs, including Urine Screening Test, to determine the presence of illegal drugs.

Applicant's Signature _____ Date _____

AN EQUAL OPPORTUNITY EMPLOYER