

Wave Healthcare LLC
APPLICATION FOR EMPLOYMENT

To Applicant: We appreciate your interest in Wave Healthcare LLC. A record of your work history will aid in considering you for a position. A resume may be attached but does not substitute for any portion of this application. If a section does not apply, enter N/A. All persons who are hired must, by law, present acceptable evidence of their eligibility to work in the United States.

PLEASE PRINT

PERSONAL

Name _____ Social Security No. _____

Present Address _____

Are you legally eligible for employment in the U.S.A.? _____

Are you 18 years of age or older? YES NO If no, can you furnish working papers if hired? YES NO

Position applied for _____

Rate of pay expected _____ per hour

Would you work Full Time Part Time Specify days and hours if part time _____

If your application is considered favorably, what date will you be available for work? _____

List any skills or qualifications, which you feel, would especially fit you for work with our organization?

EDUCATION

High School _____ Date Graduated _____

College _____ Date Graduated _____

College Degree _____ Major _____

List other Schools attended with completion dates

PROFESSIONAL CREDENTIALS

List all credentials and licenses held with date issued and certificate number

EMPLOYMENT HISTORY

(List all present and past employment starting with the most recent. Indicate which employers you do not want us to contact for references)

Employer _____ Dates of Employment _____

Address _____ Supervisor _____

Position _____ Reason for leaving _____

Employer _____ Dates of Employment _____
Address _____ Supervisor _____
Position _____ Reason for leaving _____

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Address _____ Supervisor _____
Position _____ Reason for leaving _____

PERSONAL REFERENCES

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

OFFICE SKILLS

List all office and computer skills. Note typing speed and all software programs you are skilled in using.

Have you ever been convicted of a crime and the record not been sealed or expunged by the courts (excluding minor traffic violations)? YES NO If yes, provide information. _____

PLEASE READ AND SIGN

I certify that all of the information herein is true and correct. I understand and agree that if employed, false, misleading or incorrect statements or material omissions on this application may be sufficient cause for termination at any time and that the Wave Healthcare LLC shall not be liable in any respect if my employment is terminated. I acknowledge that employment with the Wave Healthcare LLC is "at will" and either the Wave Healthcare LLC or I may terminate the employment relationship at any time, with or without cause. I authorize the Wave Healthcare LLC or its agent(s) to investigate all information on this application. I further authorize the Wave Healthcare LLC or its agent(s) to make investigative inquiries and obtain reports such as motor vehicle driving record, criminal background check, or any other inquiries or reports as the Wave Healthcare LLC deems necessary.

Signature of Applicant _____ Date _____