

## Application For Employment

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Position Applying For \_\_\_\_\_

Date you can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Employment Sought:       FULL TIME                       PART TIME

<b>EDUCATION</b> Did you graduate from High School <input type="checkbox"/> Yes <input type="checkbox"/> No
High School _____ Location _____

### EMPLOYMENT HISTORY (Most Recent First)

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

<b>Dates of Employment</b> _____ Reason For Leaving _____
Company Name _____
City _____ Phone _____
Position _____ Responsibilities _____
<b>Dates of Employment</b> _____ Reason For Leaving _____
Company Name _____
City _____ Phone _____
Position _____ Responsibilities _____

Do you have reliable transportation:       YES       NO

Have you ever been convicted of a crime, including misdemeanors and summary offenses, which has not been annulled or expunged or sealed by a court:       YES       NO

If Yes, please describe in full: \_\_\_\_\_

Can you at the time of employment, submit verification of your legal right to work in the United States?

YES       NO

### Personal References

List an individual (not related to you) who are familiar with your work skills. Please include name, address, phone and number of years acquainted.

\_\_\_\_\_

ReliaCare does not discriminate against race, religion, gender, sexual orientation or age.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of ReliaCare has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by an officer.

**Employment References For:**

Release:

I \_\_\_\_\_ acknowledge that I have been informed that it is ReliaCare's general policy to request information from prior employers the following information: (1) the dates of employment, (2) descriptions of the jobs performed, and (3) salary or wage rates. By signing this release, I am voluntarily requesting that ReliaCare request references from prior employers. I agree to release and discharge all parties involved of any claims, liabilities, and causes of action, known or unknown, fixed or contingent, that may arise from or that are in any manner connected to this disclosure of employment related information from prior employers. I state that I have carefully read and fully understand the provisions of this release.

signature:

\_\_\_\_\_  
Date