

InvisionHealth

Invision Health Application for Employment

I understand that if I am hired by Invision Health, my employment is on an at-will basis in accordance with state law. This means the company is free to terminate my employment at any time, with or without cause or advance notice, in accordance with state law. I also understand that if I accept a position with Invision Health, I am free to terminate my employment with the company at any time for any reason, unless otherwise stated in my Employment Agreement. This at-will agreement may be changed only by written agreement between Invision Health and me. I will also conform to the rules, regulations and policies or procedures of the company and understand that the company has the right to change these rules, regulations, policies or procedures at any time.

We are an equal opportunity employer. Applicants are considered for positions without regard to race, religion, sex, national origin, age, disability, or any other consideration made unlawful by applicable federal, state or local laws.

Name: _____ Date: _____

Position Applied For _____

Telephone Number () _____ - _____ Alternate Telephone Number () _____ - _____

Present Address _____

Street/Apt./City/State/Zip

How long have you lived there _____ / _____
Years Months

Previous Address _____

Street/Apt./City/State/Zip

How long did you live there _____ / _____
Years Months

Desired Salary/Hourly rate _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? Yes No

Type of employment desired Full-time Part-time (specify number of hours/week) _____

Date you can start if hired _____

Have you previously applied for employment with this company? Yes No

If yes, when did you apply? _____

Have you ever been employed by this company? Yes No

If yes, provide dates of employment, location, and reason for separation from the company. _____

Do you have any relatives who are employed by this company? Yes No

If yes, who and in what capacity? _____

List all special technical skills that you feel qualify you for the job for which you are applying (e.g., computer programming/language, software, equipment operation, special tools or machines, etc.)

APPLICANTS INITIALS: _____

Education	School Name and Location	Course of Study	Graduate?	Degree/Major
High School				
College				
Bus./Tech./Trade/ or Post College				

Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? _____

Work Experience: Please list the names of your present and last two previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply your business name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for future consideration for employment.

Employer #1:

<i>Name</i>	<i>Address</i>	<i>Type of Business</i>
-------------	----------------	-------------------------

Telephone () _____ - _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No If no, why not? _____

Wages: Starting _____ Final _____ Reason for leaving _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain. _____

Employer #2:

<i>Name</i>	<i>Address</i>	<i>Type of Business</i>
-------------	----------------	-------------------------

Telephone () _____ - _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title _____ Duties _____

Supervisor's Name _____ May we contact? Yes No If no, why not? _____

Wages: Starting _____ Final _____ Reason for leaving _____

What will this employer say was the reason your employment terminated? _____

How much notice did you give when resigning? If none, explain. _____

Name	Occupation	Address	Telephone Number	Number of Years Known

Applicant Certification

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver’s license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand and agree that Invision Health, may now have, or may establish a policy of performing background checks on any applicant or current employee consistent with federal, state and local law. I understand that adverse findings of such a background check will be first discussed with me so that I may have an opportunity to refute the findings, but that the company retains the right to terminate any employee, or refuse to hire any applicant for which a background check has resulted in evidence of non-reported misdemeanors, felonies, sexual assault, workplace violence or violations of any federal or state statute related to healthcare or personal care services.

I understand that Invision Health, may now have, or may establish a drug-free workplace or a drug and /or alcohol testing program consistent with federal, state and local law. If the company has such a program and I am extended a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the company’s policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or medically recognized tests designed to detect the presence of alcohol or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the company’s policies and applicable federal, state, and local law.

If employed by Invision Health, I understand and agree that the company, to the extent permitted by federal, state, and local law may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action up to and including immediate dismissal.

I authorize Invision Health, or its agents to confirm all statements contained in this application and/or resume as it relates to the position for which I am applying and to the extent permitted by federal, state, and local law. I agree to complete any requisite authorization forms for the background investigation when so required.

I authorize and consent to, without any reservation, any party or agency contracted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability Invision Health and its representatives for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by Invision Health, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this company. I also understand this company only employs individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED FOR EMPLOYMENT FOR A MAXIMUM OF SIX (6) MONTHS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Applicant Name: _____

Applicant signature _____ Date ____/____/____

APPLICANTS INITIALS: _____