



DATE: _____

SSN: _____

NAME: _____
(Last) (First) (Middle)

PHONE: (H) _____
(W) _____

PRESENT ADDRESS: _____
(Street) (City) (State) (Zip)

IN ORDER TO CONDUCT PRE-EMPLOYEMENT CHECKS (I.E. WORK, EDUCATION AND CRIMINAL RECORDS) PLEASE LIST ANY OTHER NAMES THAT YOU HAVE EVER USED: _____

POSITION DESIRED: _____

MINIMUM PAY ACCEPTABLE (per hour) : _____

AVAILABLE FOR (Check all that apply): FULL TIME PART TIME TEMPORARY

DATE AVAILABLE FOR WORK: _____

DO YOU HAVE ANY COMMITMENTS TO ANOTHER EMPLOYER THAT MIGHT AFFECT YOUR EMPLOYMENT HERE? YES NO

If yes, please explain? _____

If job requires will you: Travel YES NO Work Overtime: YES NO

HAVE YOU EVER BEEN INTERVIEWED BY CorpOHS: YES NO
Date of interview: _____ Position applied for: _____

HAVE YOU EVER BEEN EMPLOYED BY CorpOHS? YES NO
Dates of employment: _____ Position(s) held: _____

DO YOU HAVE ANY RELATIVES EMPLOYED BY CorpOHS: YES NO
If yes, please list names: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR: YES NO
If yes, please describe the circumstances of your conviction, indicating the date, nature, and place of the offense and disposition of the case: _____

(A conviction does not necessarily bar employment.)

IT IS THE POLICY OF CorpOHS TO HIRE ONLY U.S. CITIZENS AND ALIENS AUTHORIZED TO WORK IN THE UNITED STATES. EMPLOYMENT IS CONDITIONAL UPON: (1) PRESENTATION OF IDENTIFICATION AND AUTHORIZATION TO WORK DOCUMENTS AND (2) CERTIFICATION OF EMPLOYMENT ELIGIBILITY AS REQUIRED BY THE IMMIGRATION AND NATURALIZATION SERVICE. ARE YOU A CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE U.S.? YES NO

**CORPORATE OCCUPATIONAL HEALTH SOLUTIONS
IS A SMOKE AND DRUG FREE WORKPLACE**

EMPLOYMENT HISTORY

Please provide a COMPLETE employment history, including military service assignments and volunteer activities. List periods of unemployment on page 3.

PRESENT OR MOST RECENT POSITION:

Name of Employer: _____ Type of Business: _____

Address: _____ Telephone: _____

Dates of Employment(Mo/Yr)	Job Title	Reason for Leaving:	
Department	Salary _____	Hrs/Wk _____	Name of Supervisor:
	Begin _____	Begin _____	
	End _____	End _____	

Job Duties: _____

FORMER POSITIONS:

Name of Employer: _____ Type of Business: _____

Address: _____ Telephone: _____

Dates of Employment(Mo/Yr)	Job Title	Reason for Leaving:	
Department	Salary _____	Hrs/Wk _____	Name of Supervisor:
	Begin _____	Begin _____	
	End _____	End _____	

Job Duties: _____

Name of Employer: _____ Type of Business: _____

Address: _____ Telephone: _____

Dates of Employment (Mo/Yr)	Job Title	Reason for Leaving:	
Department	Salary _____	Hrs/Wk _____	Name of Supervisor:
	Begin _____	Begin _____	
	End _____	End _____	

Job Duties: _____

HAVE YOU EVER BEEN PLACED ON PROBATION, SUSPENDED, ASKED OR TOLD TO RESIGN OR TERMINATED BY AN EMPLOYER FOR ANY REASON, INCLUDING POOR PERFORMANCE, MISCONDUCT, INSUBORDINATION, OR VIOLATION OF COMPANY POLICY?

YES NO

IF YES, PLEASE DESCRIBE THE FACTS AND CIRCUMSTANCES AND SPECIFY THE EMPLOYER(S): _____

PLEASE INDICATE ANY PERIODS OF UNEMPLOYMENT:

FROM	TO	REASON	FROM	TO	REASON

EDUCATION AND TRAINING

	School Name City/State	Major	Dates Attended	Diploma/Degree Awarded
High School				
College				
Graduate School				
Technical, Business or Other School				

LICENSE, CERTIFICATION, OR REGISTRATION

Granting Agency	License, Certification or Registration Title	Number & Mo/Yr Granted	Current Yes/No	License in Good Standing? Yes/No

SKILLS

- Typing _____ WPM
 Data Entry _____ KS/HR
 Word Processing
 Shorthand _____ WPM
 Switchboard _____
 Other Software
 Medical Terminology
 10 Key by Touch
 Other

MISCELLANEOUS

Please list below any additional information you consider pertinent to your application for employment including qualifications, skills accomplishments, school honors, professional, trade, business or civic activities and offices held.

REFERENCES

May we contact your present employer now? Yes No. If not, may we contact anyone else, in confidence concerning your present position, such as clients and former employees?

NAME ADDRESS TELEPHONE (Business/Home)

List business, professional or personal references whom we can contact now and who have known you for at least three (3) years. Do not include relatives.

NAME ADDRESS TELEPHONE YEARS KNOWN

I certify that the information contained in this application and/or in my resume, as well as that provided in the interview process is correct and complete to the best of my knowledge and I understand that falsification, misrepresentation, or omissions are grounds for dismissal or rejection of this application whenever it is discovered.

I expressly authorize CorpOHS or their representatives, employees or agents to contact and obtain information from all references, employers, public agencies, licensing authorities and education institutions, to conduct work history, reference and policy record inquiries, as it deems appropriate. If hired, I understand that as part of the background investigation, I may be fingerprinted. Continued employment may be contingent on the results of this investigation.

I authorize all references listed in the application to give CorpOHS any and all information that they may have, and release all parties, including CorpOHS from all liability for any damage that may result from furnishing same to CorpOHS.

In consideration of my employment, I agree to conform to the rules and regulations of CorpOHS. It accepted for employment, I agree to rotate shifts as required or when necessary. I understand that all employees must serve a 90-day introductory period after date of employment. I also understand that, as a condition of employment, I must sign and comply with CorpOHS's Confidentiality Agreement.

I understand that should I be employed by CorpOHS, that I will be required, in accordance with the Immigration Reform and Control Act of 1986, to provide on or before my first day of employment, documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment.

And I understand and agree 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 CorpOHS or myself and without notice or liability for wages or salary except such earned at the date of such termination. I understand that no manager, supervisor, or representative of management, other than the President has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the above. I understand this application will be active for 60 days. By signing I certify that I have read and fully understand all terms of this applicant statement.

(Applicant Signature)

(Date)

“UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100,000.”

(Applicant Signature)

(Date)

“IN CONFORMITY WITH APPLICABLE LAWS, CorpOHS DOES NOT DISCRIMINATE ON ACCOUNT OF RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN OR PHYSICAL OR MENTAL DISABILITY.”

EMPLOYMENT DRUG TESTING IS REQUIRED

(Applicant Signature)

(Date)

Corporate Occupational Health Solutions, LLC (CorpOHS) recognizes the need for a safe & healthy work environment. Effective July 1, 2002, we are establishing a drug testing policy as a prerequisite for employment. CorpOHS believes this is in the best interest of the company and all of its employees.

All offers of employment for either full or part time positions will be contingent on the results of a drug test. A negative drug test will be required for employment. You will take the test (at a place of our choosing) within 24 hours of the offer.

This testing is designed to give us a safer work environment. We trust you will join us in support of a drug-free workplace.

I have read and understand what is expected of me from the above information.

Signature of Applicant _____

Date: _____

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

COMPLETION OF THIS INFORMATION BELOW IS VOLUNTARY

CURRENT AS OF 7/07

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. Your cooperation is appreciated.

PLEASE PRINT

Position(s) Applied For _____ Date ____/____/____

Referral Source

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement -- Source _____ | <input type="checkbox"/> Other _____ | |

Name of person who referred you, if applicable _____

Applicant Information

NAME _____ Telephone (____) _____
 LAST FIRST MIDDLE

Address _____
 STREET CITY STATE ZIP CODE

- Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- American Indian or Alaskan Native (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Black (not Hispanic or Latino)
- Hispanic or Latino
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- White (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

For Administrative Use Only

Position(s) applied for Available Not Available

Other positions considered for _____

Hired Yes No

Position hired for _____

From the EEO job classifications listed below, which one best describes the position filled:

- | | | |
|--|--|---|
| <input type="checkbox"/> Officials and Manager | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operative (semi-skilled) |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Office & Clerical Workers | <input type="checkbox"/> Laborers (unskilled) |
| <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers (skilled) | <input type="checkbox"/> Service Workers |

Notes _____

Completed by _____ Date ____/____/____