



... putting simplicity into healthcare

## APPLICATION FOR EMPLOYMENT

**An Equal Opportunity Employer**

Date: \_\_\_\_\_

Last Name	First Name	Middle Name	Date Available to Start
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Address	City	State	Zip
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Telephone Number:	Cell Phone Number:	Email Address:	If hired, can you provide proof that you are at least 18 years of age? Highlight/Circle answer      YES      NO
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Social Security Number:	Starting Salary Desired:	Position Desired:	Type of Employment Desired: Highlight/Circle answer      Full Time      Part Time
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### EDUCATION

High School (city, state & zip code):	Highest Year Completed:	Diploma or GED Highlight/Circle answer      YES      NO
College or University (city, state & zip code):	Highest Year Completed:	Degree Earned:
College or University (city, state & zip code):	Highest Year Completed:	Degree Earned:

Other education, training, and skills:

Summarize any other job-related licenses or certifications you may have:

### PROFESSIONAL REFERENCES

Please list three people who have known you professionally for at least 3 years.

Reference's Name:	Title:	Company Name:
Professional Relationship: (In what capacity did you work with this person?)		Telephone Number:      Number of Years Known:

Reference's Name:	Title:	Company Name:
Professional Relationship: (In what capacity did you work with this person?)		Telephone Number:      Number of Years Known:

Reference's Name:	Title:	Company Name:
Professional Relationship: (In what capacity did you work with this person?)		Telephone Number:      Number of Years Known:

## EMPLOYMENT HISTORY

Please list the names of your present and previous employers, starting with your most recent. (A resume may be attached, but is not a substitute for completing this application.)

### PRESENT EMPLOYER

Dates of Employment:	Name of Employer (Company Name):	Type of Business:	
Street Address	City	State	Zip
Telephone Number:			
Starting Title:	Ending Title:	Starting Salary:	Ending Salary:
Reason for Leaving or Considering a Change:			

### PAST EMPLOYERS

Dates of Employment:	Name of Employer (Company Name):	Type of Business:	
Street Address	City	State	Zip
Telephone Number:			
Starting Title:	Ending Title:	Starting Salary:	Ending Salary:
Name & Title of Supervisor:	Supervisor's Phone Number:	May we contact? If NO, please explain:	
Brief description of duties:		Reason for Leaving:	

Dates of Employment:	Name of Employer (Company Name):	Type of Business:	
Street Address	City	State	Zip
Telephone Number:			
Starting Title:	Ending Title:	Starting Salary:	Ending Salary:
Name & Title of Supervisor:	Supervisor's Phone Number:	May we contact? If NO, please explain:	
Brief description of duties:		Reason for Leaving:	

Dates of Employment:	Name of Employer (Company Name):	Type of Business:	
Street Address	City	State	Zip
Telephone Number:			
Starting Title:	Ending Title:	Starting Salary:	Ending Salary:
Name & Title of Supervisor:	Supervisor's Phone Number:	May we contact? If NO, please explain:	
Brief description of duties:		Reason for Leaving:	

Please read the following statements carefully; they constitute the conditions under which you might be employed.

Total HealthCare Management, Inc is committed to providing a safe and secure work environment for its employees. In order to provide this environment and to ensure the qualification of its employees, the Company, or its agent, will verify information provided on the application and may conduct a criminal conviction and/or background check.

Have you ever been employed by Total HealthCare Management, Inc? Highlight/Circle answer  
YES NO

Do you have any friends or relatives currently employed by SeaBright Insurance Company, PointSure Insurance Services, or Total HealthCare Management? YES NO

(If yes, please indicate name and relationship.)

\_\_\_\_\_  
Name/Relationship

Have you ever been convicted of a crime, excluding minor traffic violations? (If yes, please explain on an additional sheet.) YES NO

I understand that this application will be kept on file with the Human Resources Department and if employed, it will become part of my official personnel file.

\_\_\_\_\_  
Initial Here

I understand that if selected, I will be required to provide proof of my identity and my legal right to work in the United States.

\_\_\_\_\_  
Initial Here

I have not signed any non-competitive agreements or contracts that would prohibit me from working for Total HealthCare Management, Inc.

\_\_\_\_\_  
Initial Here

A series of inquiries may be made which will include applicable information concerning my present and past employment. I authorize the release of information concerning my previous employment and any pertinent information, personal or otherwise, and release all parties from liability for any damages that may result from furnishing this information. If employed, I release Total HealthCare Management, Inc from any liability for future references it may provide regarding my work history with Total HealthCare Management, Inc.

\_\_\_\_\_  
Initial Here

Any material misrepresentation or deliberate omission of a fact in my application or resume may be justification for denial of employment or if I am employed, may result in termination from the company employment at any time it is discovered.

\_\_\_\_\_  
Initial Here

I will adhere to Company work and conduct rules and will perform the duties which are assigned to me to the best of my ability. I understand that my hours and days of work are not guaranteed, and may be changed from time to time by the Company, in its sole discretion. I also understand that I may be required to work overtime.

\_\_\_\_\_  
Initial Here

I understand and agree that the employment for which I am applying is employment at will, which means that either I or the Company may terminate the employment relationship at anytime with or without cause and with or without notice.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date