

# Application For Employment

## Healthy Wings Family & Psychiatric Healthcare

We are an Equal Opportunity Employer and committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

### Personal Information

Name		Date of Birth	
Address	City	State	Zip
Phone number	Email address		
Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If selected for employment are you willing to submit to a background check? Yes <input type="checkbox"/> No <input type="checkbox"/>		Social Security Number:	

### Position

Position you are applying for	Available start date	Desired pay
Employment desired <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary		

### Education

School name	Location	Years attended	Degree received	Major

### References (business and professional only)

Name & Title	Company	Telephone	Email

## Employment History

<b>Employer (1)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (2)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (3)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (4)</b>	Job Title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
<b>Employer (5)</b>	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge. If this application leads to placement, I understand that false or misleading information in my application or interview may result in my termination. By executing this application, I hereby grant authority to HWLLC to verify the accuracy of the information by contacting prior employers, vendors, educational institutions, references and/or volunteer agencies identified on this application, and I hereby hold them harmless for their statements.

Name (please print)	Signature
Date	

# Healthy Wings Family & Psychiatric Healthcare



2055 East Southern Ave., Suite B  
Tempe, AZ 85282-7507

Telephone: (520) 477-1815

Fax: (888) 376-5279

Email: [contact@healthywingsLLC.com](mailto:contact@healthywingsLLC.com)

Website: [www.healthywingsLLC.com](http://www.healthywingsLLC.com)

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

To whom it may concern:

**APPLICANT'S NAME** \_\_\_\_\_ **BIRTH DATE:** \_\_\_\_\_

We have received an application from the above referenced candidate for consideration for employment. Based on your personal knowledge, we would appreciate your candid, written appraisal of the candidate. Please complete the Reference Evaluation Questionnaire. The candidate's Signature Disclaimer extending immunity and releasing from liability third parties who provide information in good faith pursuant to this request is below.

Your prompt attention to this request is most appreciated. Please fax or email your response using the information above.

Peace always,  
**HEALTHY WINGS, LLC**



Jennifer Muhammad, DNP, MSN-Ed., APRN, NP-BC  
Family Nurse Practitioner

JAM\cjm

## **APPLICANT'S SIGNATURE DISCLAIMER**

I certify that my answers on my Application for Employment are true and complete to the best of my knowledge. If the application leads to placement, I understand that false or misleading information in my application or interview may result in my termination. By executing the application, I hereby grant authority to HWLLC to verify the accuracy of the information by contacting prior employers, vendors, educational institutions, references and/or volunteer agencies identified on the application, and I hereby hold them harmless for their statements.

**Print Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Reference Evaluation Questionnaire

### **REFERENCE INFORMATION & RELATINSHIP TO CANDIDATE:**

Reference Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Current Profession Title: \_\_\_\_\_

Provide the dates that you had the opportunity to directly observe the Candidate:

From: \_\_\_\_\_ To: \_\_\_\_\_