

Application For Contract or Employment

Healthy Wings LLC

Return to: MedicalRecords@HealthyWingsLLC.com

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

No

Are you a Veteran?

Yes

No

Maiden or Former Name:

If selected for employment are you willing to submit to a background check?

Yes

No

Social Security Number:

Position

Position you are applying for:

Available Start Date

Desired Pay

Employment Desired

Full-Time

Part-Time

Seasonal/Temporary

Education

School Name	Location	Years Attended	Date Degree Received	Major

References (Business and Professional only)

Name & Title	Company	Telephone	Email

Employment History

Employer (1)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (2)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (3)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (4)	Job Title		Dates Employed
Work Phone	Starting Pay Rate		Ending Pay Rate
Address	City	State	Zip
Employer (5)	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: (949) 543-2787

Email: contact@healthywingsLLC.com

Website: 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, NP-BC
Practice Director

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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:** _____

FOR OFFICE USE ONLY:

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: _____