ALLIED Health & Wellness, LLC
Partnering With You For Personalized Care

For Official Use Only
Date Received: _____, 20___

Reviewed by: _____

Comments: _____
_____
_____
_____
_____

EMPLOYMENT APPLICATION

Allied Health & Wellness, LLC (AlliedHW) provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Please -

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 ½ " x 11" sheets of paper to this application.
- Submit your application to dfierro@alliedhw.com or by mail: AHW, 910 W Pierce St. #105, Carlsbad NM, 88220

Position Applying For:_____

Personal Information

1. Name (Last, First Middle)	3. Social Security # -- --	6. Driver's License (State/No.)
2. Address (Street)	4. Telephone Number ( ) -	7. Alternate Telephone ( ) -
Address (City, State, Zip Code)	5. Email Address	

General Information

Are you legally eligible for work in the U.S.A.? *(if yes, verification will be required)*	☐ Yes ☐ No
Have you ever applied to or worked for AlliedHW before? If so, when?	☐ Yes ☐ No
Are any of your relatives currently working for AlliedHW? If so, please list name and department, if applicable.	☐ Yes ☐ No
Have you ever been convicted of a felony? If yes, please explain.	☐ Yes ☐ No

Employment Request	
Minimum Salary Requested: $	If applicable, are you available for overtime? ☐ Yes ☐ No
What is the earliest date you can begin work?	
How did you hear about this position? ☐ Recruiter ☐ Internet Job Posting ☐ Newspaper Classified ☐ Company Website ☐ Other_____	

Employment History

**Please begin with most recent employment*

May we contact your current employer? ☐ Yes ☐ No ☐ Not Applicable

Employer:_____ Address: _____ _____ Supervisor: _____ Telephone: ( ) _____ -_____	Dates of Employment: _____, ____ to _____, ____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Employer:_____ Address: _____ _____ Supervisor: _____ Telephone: ( ) _____ -_____	Dates of Employment: _____, ____ to _____, ____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:
Employer:_____ Address: _____ _____ Supervisor: _____ Telephone: ( ) _____ -_____	Dates of Employment: _____, ____ to _____, ____	Pay or salary Start: Final:	Position: Duties:	Reason for Leaving:

Education

School	Name	Location	Course of Study	Degree Obtained
High School/GED				
College/University				
Graduate School				
Vocational / Specialized				

Military

Military Service: ☐ Yes ☐ No Branch:_____

Specialized Training:

References

Name	Company	Title	Contact Information

Signature / Certification

I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize AlliedHW to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to AlliedHW by any of the schools, services, or employers listed on this application.

Signature:	**Date:**