

Innovative Health Care Institute, LLC

ENROLLMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for ENROLLMENT with us, an independently owned and operated HEALTHCARE TRAINING PROGRAM. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after ENROLLMENT begins, terminating ENROLLMENT can occur. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to ENROLLMENT.

PERSONAL INFORMATION

Today's Date: _____ Date of Birth _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Alternate Phone: (_____) _____

Email Address: _____

Emergency Contact(s): _____ (_____) _____
Name Phone

_____ (_____) _____
Name Phone

Are you able to perform the essential functions of the program for which you are applying with or without a reasonable accommodation? **Yes / No**

Are you able to lift 50 pounds? YES or NO..

Please complete class that you are interested in enrolling: _____Day _____Evenings _____Weekends

Candidate Personal History Circle Yes or No

Are you a high school graduate? YES or NO Do you have a GED or enrolled in GED classes? YES or NO

Are you currently Employed Yes NO If So what's hourly rate/salary: _____

If employed we must have copy of check stub.

Do you receive food stamps? Yes NO

Are you homeless? Yes or No If no, answer next question below.

How many people live in your household? _____ (number of persons)

EDUCATION *

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+ GED

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
College/ Technical Program					

MOST Current EMPLOYER

Are you currently working? **Yes / No** If yes, may we contact? **Yes / No**

Company Name _____ City _____ State _____ (____) _____
Phone Number

Dates Employed: From _____ to _____ Job Title _____ Supervisor's Name _____

Duties _____

\$ _____ per _____ Reason for Leaving _____
Salary (Hour, Week, Month)

SECURITY An original copy of Criminal Background must be submitted and reviewed before application can be approved.

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years?
Yes or No.

Have you been charged/convicted of a felony and/or misdemeanor/or served time Yes / No If yes, please describe:

	Incident	City/State	Charge
1)	_____	_____	_____
2)	_____	_____	_____

REFERENCES (Do not include relatives) Please list 3 professional references.

	Full Name	Phone Number	Relationship	Number of Years Known
1)		H () W ()		
2)		H () W ()		
3)		H () W ()		

APPLICANT SIGNATURE

DATE