



GOOD HEALTH SERVICES, INC.

7901 STRICKLAND ROAD, SUITE 112
RALEIGH, NORTH CAROLINA 27615
PHONE (800) 737-0604
FAX (919) 676-0753

Date: ____/____/____

Position Applying For:

PLEASE PRINT

PERSONAL INFORMATION

Name _____
(Last) (First) (Middle Initial) (Maiden Name)

Address _____
(Street, Route, PO Box)

(City) (State) (Zip Code) (County)

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Email Address _____

Have you been a resident of North Carolina for the past five (5) years? Yes No
(If "No," please list your previous out-of-state address below.)

(Street, Route, PO Box)

(City) (State) (Zip Code) (County)

Person to be notified in case of an emergency _____
(Last Name) (First)

(Address) (Phone #) (Relationship to)

Availability: Full-Time OR Part-Time _____
(Days and Hours Available)

Acceptable Compensation \$ _____ Date Available to Start ____ / ____ / ____

Do you have a valid driver's license? Yes _____
 No (Number) (State) (Class)

How did you hear about Good Health Services?
____ Newspaper ad, if so which newspaper? _____
____ Current employee of Good Health Services, if so who? _____
____ Received card in the mail about Good Health Services.
____ Web site (goodhealthservices.com)
____ Other _____

EMPLOYMENT HISTORY

Start with present employer and work back. Use additional sheets if necessary.

1.

EMPLOYER	JOB TITLE	DATES	
		Starting	Ending
ADDRESS		SALARY	
		Starting	Ending
		\$	\$
PHONE #	SUPERVISOR	# OF PEOPLE SUPERVISED BY YOU	
DUTIES		REASON FOR LEAVING	

2.

EMPLOYER	JOB TITLE	DATES	
		Starting	Ending
ADDRESS		SALARY	
		Starting	Ending
		\$	\$
PHONE #	SUPERVISOR	# OF PEOPLE SUPERVISED BY YOU	
DUTIES		REASON FOR LEAVING	

3.

EMPLOYER	JOB TITLE	DATES	
		Starting	Ending
ADDRESS		SALARY	
		Starting	Ending
		\$	\$
PHONE #	SUPERVISOR	# OF PEOPLE SUPERVISED BY YOU	
DUTIES		REASON FOR LEAVING	

** May we contact your present employer? Yes No



RECORD OF EDUCATION

Name & Address of School	Dates Attended	Did You Graduate?	Degree & Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Graduate ___/___/___	
Technical, Business or Trade Schools		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Graduate ___/___/___	
College(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Graduate ___/___/___	
Graduate School(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Graduate ___/___/___	

REFERENCES

LIST 3 PEOPLE WHO ARE NOT RELATED TO YOU AND HAVE DEFINITE KNOWLEDGE OF YOUR QUALIFICATIONS AND FITNESS FOR THE POSITION FOR WHICH YOU ARE APPLYING.

1.

NAME	OCCUPATION	RELATIONSHIP TO YOU
PHONE NUMBER	ADDRESS	

2.

NAME	OCCUPATION	RELATIONSHIP TO YOU
PHONE NUMBER	ADDRESS	

3.

NAME	OCCUPATION	RELATIONSHIP TO YOU
PHONE NUMBER	ADDRESS	



IMMIGRATION REFORM AND CONTROL ACT OF 1986

EMPLOYMENT VERIFICATION SYSTEM

Employment with Good Health Services, Inc. will be contingent upon documentation of your identity and eligibility to work for wages in the United States and completion of Immigration and Naturalization Service Form I-9.

PRE-EMPLOYMENT RELEASE STATEMENT

As certified on the attached Employment application, I declare that my answers are true and I, the undersigned do hereby authorize Good Health Services, Inc. (the company) to obtain and/or examine pre-employment information, including references from previous employers, personal and business references, criminal records on file, Department of Motor Vehicle records, and professional licenses, certifications, and registrations.

I do understand I am waiving my right to confidentiality regarding this pre-employment information. I also hereby release the company and its employees, officers, agents and affiliates from any and all claims, rights or actions or liability of any kind or nature that may result from information obtained from the above sources.

I understand that the completion of this application does not assure me of a position with Good Health Services, Inc. and does not obligate Good Health Services, Inc. to me in any way.

I further understand that any misleading or incorrect statements or the failure to complete any part of this application not prohibited by law may render this application void and if employed could be cause for immediate discharge.

Signature

_____/_____/_____
Date

AN EQUAL OPPORTUNITY EMPLOYER

It is the Policy of Good Health Services, Inc. not to discriminate in its employment or the provision of services in regard to race, sex, handicap, age, religion, political affiliation, or national origin, unless a bona fide occupational qualification exists.

