

## EMPLOYMENT APPLICATION

Complete all questions on this application as thoroughly as possible. Please print. Writing "SEE RESUME" will not be accepted.

### Personal Data

Legal Name <i>Last, First, M.I.</i>					
Current Address Street/Apt #		City	State	Zip Code	Years at Address
Home Telephone No.	Cell Phone or Alternate Phone No. (optional)		Email Address		
Position Applying For				Today's Date	
Work Status Desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem		Can you produce evidence of your right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any other names used while in school, employed, or in the military (for verification of experience and training)					
Have you ever held a position with Blize Healthcare, hereinafter referred to as "the Company"? If yes, what position? When? <input type="checkbox"/> Yes <input type="checkbox"/> No Position: _____			Dates: _____ How did you hear about our company?		

### Education

School Name, City, State	Major/Minor	Year Graduated	Degree Obtained	Grade Point Average
High School				
College				
Other				
Other				

### U.S. Military Active Duty (Including Reserve or National Guard Service)

From / /	To / /	Special Skills or Training Acquired in Service
Branch of Service		
Rank		

**Languages** - Some of our clients do not speak English as a primary language or are hearing-impaired. If you would be willing to act as an interpreter, on occasion, please indicate your ability level in any other language. Thank you.

Language: <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write	Language: <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write
Language: <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write	Language: <input type="checkbox"/> Read <input type="checkbox"/> Speak <input type="checkbox"/> Write

**5-Year Employment History** (List all employers, beginning with the most recent employer)

1 Employer's Name		Employer's Address: Street/Suite, City, State. Zip Code		
Your Position		Employed From	Employed To	
		/ /	/ /	
Supervisor's Name, Title		Supervisor/ Business Email	Supervisor/Business Phone	Supervisor/Business Fax
Beginning Salary	Ending Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

2 Employer's Name		Employer's Address: Street/Suite, City, State. Zip Code		
Your Position		Employed From	Employed To	
		/ /	/ /	
Supervisor's Name, Title		Supervisor/ Business Email	Supervisor/Business Phone	Supervisor/Business Fax
Beginning Salary	Ending Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

3 Employer's Name		Employer's Address: Street/Suite, City, State. Zip Code		
Your Position		Employed From	Employed To	
		/ /	/ /	
Supervisor's Name, Title		Supervisor/ Business Email	Supervisor/Business Phone	Supervisor/Business Fax
Beginning Salary	Ending Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

4 Employer's Name		Employer's Address: Street/Suite, City, State. Zip Code		
Your Position		Employed From	Employed To	
		/ /	/ /	
Supervisor's Name, Title		Supervisor/ Business Email	Supervisor/Business Phone	Supervisor/Business Fax
Beginning Salary	Ending Salary	Reason for Leaving		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Professional References**

Name	Occupation/Relationship	Email Address	Telephone No.
1.			
Name	Occupation/Relationship	Email Address	Telephone No.
2.			
Name	Occupation/Relationship	Email Address	Telephone No.
3.			

**Reference Check – THIS PAGE TO BE COMPLETED BY BLIZE HEALTHCARE ONLY**

Reference Name	Title, Relationship to Employee
Company	
Comments	

Reference Name	Title, Relationship to Employee
Company	
Comments	

Reference Name	Title, Relationship to Employee
Company	
Comments	

References Checked By \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Professional Licensure or Certification

Type of Licensure or Certification	Issuing State	License #	Expiration Date	Has your license or certification ever been revoked or suspended? If yes, please explain below.  <input type="checkbox"/> Yes <input type="checkbox"/> No
THIS PORTION FOR BLIZE STAFF ONLY	Status of License	Verified By	Signature	Date
Type of Licensure or Certification	Issuing State	License #	Expiration Date	Has your license or certification ever been revoked or suspended? If yes, please explain below.  <input type="checkbox"/> Yes <input type="checkbox"/> No
THIS PORTION FOR BLIZE STAFF ONLY	Status of License	Verified By	Signature	Date
Type of Licensure or Certification	Issuing State	License #	Expiration Date	Has your license or certification ever been revoked or suspended? If yes, please explain below.  <input type="checkbox"/> Yes <input type="checkbox"/> No
THIS PORTION FOR BLIZE STAFF ONLY	Status of License	Verified By	Signature	Date
Please state reason for revocation or suspension and the date of reinstatement. (An answer "Yes" above will not automatically bar you from employment with the company.)				

### Criminal Background

Have you ever been convicted of a criminal offense, entered a plea of no contest, had prosecution deferred, or adjudication withheld for any crime except for minor traffic violations?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:
Do you currently have any charges pending?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:
A "Yes" answer to the above questions will not automatically bar you from employment with the company. All relevant circumstances and facts concerning the criminal record/pending charges will be considered in relation to the position for which you are applying.	

### Availability Questionnaire

Experience with:  <input type="checkbox"/> Trachs <input type="checkbox"/> GT/JT <input type="checkbox"/> Ventilators <input type="checkbox"/> IVs <input type="checkbox"/> Other:	Desired Hours Per Week
	Please explain any restrictions to your schedule:

## ADDITIONAL INFO FOR CHOICE SCREENING BACKGROUND CHECK

### Personal Data

Social Security	DOB	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Drivers License Number	State	

### Previous Addresses – List all previous addresses for the last SEVEN years. (List addresses beginning with the most recent)

1-Previous Address	Street/Apt #	City	State	Zip Code	Years at Address
2-Previous Address	Street/Apt #	City	State	Zip Code	Years at Address
3-Previous Address	Street/Apt #	City	State	Zip Code	Years at Address
4-Previous Address	Street/Apt #	City	State	Zip Code	Years at Address
5-Previous Address	Street/Apt #	City	State	Zip Code	Years at Address
6-Previous Address	Street/Apt #	City	State	Zip Code	Years at Address

### Authorization to Release Information and Records

I, \_\_\_\_\_ (“APPLICANT”) understand that Blize Healthcare (“COMPANY”) will use Choice Screening to obtain a consumer report and/or investigative consumer report (“Report”) as part of the hiring process. I also understand that if hired, to the extent permitted by law, COMPANY may obtain further Reports from Choice Screening so as to update, renew, or extend my employment. I authorize all persons who may have information relevant to this investigation to disclose it to Choice Screening and/or their agent. I release and agree to hold harmless all persons providing such information to Choice Screening, its officers, directors, employees and agents from liability on account of such disclosure. I also release and discharge Choice Screening and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. I understand Choice Screening’s investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving record and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords, and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to Choice Screening, the following information and/or copies of documents from my military service record: 00214, service record, and any disciplinary records.

This consent will not affect my ability to question or dispute the accuracy of the information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based in all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the report that I am challenging the accuracy of such information with Choice Screening. I hereby consent to this investigation and authorize COMPANY to procure a Report on my background. In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number, and the other information and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

If you are applying for employment or live in one of the following states: California, Maine, Massachusetts, Minnesota, New Jersey, or Oklahoma and would like to request a copy of your Consumer Report please check the box.

California, Connecticut, Maryland, Oregon, Vermont, and Washington State Applicants ONLY (AS APPLICABLE): I further understand that COMPANY will not obtain information about my credit history, credit worthiness, credit standing, or credit capacity unless (i) the information is required by law, (ii) I am seeking employment with a financial institution (California, Connecticut and Vermont only—in California the financial institution must be subject to Sections 6801-6809 of the U.S. Code and in Vermont it must be a financial institution as defined in 8 V.S.A. § 30101(5)); (iii) I am seeking employment with a financial institution that accepts deposits that are insured by a federal agency, or an affiliate or subsidiary of the financial institution or a credit union share guaranty corporation that is approved by the Maryland Commissioner of Financial Regulation or an entity or an affiliate of the entity that is registered as an investment advisor with the United States Securities and Exchange Commission (Maryland only); (iv) I am seeking employment in a position which involves access to confidential financial information (Vermont only); (v) I am seeking employment in a position which requires a financial fiduciary responsibility to the employer or a client of the employer, including the authority to issue payments, collect debts, transfer money, or enter into contracts (Vermont only); (vi) COMPANY can demonstrate that the information is a valid and reliable predictor of employee performance in the specific position being sought or held; (vii) I am seeking employment in a position that involves access to an employer’s payroll information (Vermont only); (viii) the information is substantially job related, and the bona fide reasons for using the information are disclosed to me in writing (Connecticut, Maryland, Oregon and Washington only); (ix) I am seeking employment as a covered law enforcement officer, emergency medical personnel, firefighter police officer, peace officer or other law enforcement position (California, Oregon, and Vermont only—in Oregon the police or police officer position must be sought with a federally insured bank or credit union and in Vermont the law enforcement officer position must be defined in 20 V.S.A. § 3151(3)); (x) the COMPANY reasonably believes I have engaged in specific activity that constitutes a violation of law related to my employment (Connecticut only); (xi) I am seeking a position with the state Department of Justice (California only); (xii) I am seeking a position as an exempt managerial employee (California only); and/or (xiii) I am seeking employment in a position (other than regular solicitation of credit card applications at a retail establishment) that involves regular access to all of the following personal information to any one person: bank or credit card account information, social security number, and date of birth, I am seeking employment in a position that requires me to be a named signatory on the employer’s bank or credit card or otherwise authorized to enter into financial contracts on behalf of the employer, I am seeking employment in a position that involves access to confidential or proprietary information of the Company or regular access to \$10,000 or more in cash (California only). NY Applicants Only: I acknowledge that I have received the attached copy of Article 23A of New York’s Correction Law.

The name, address and telephone number of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is: Choice Screening | 13000 E. Control Tower Rd. Suite 216, Box L3 | Englewood, CO 80112 | Toll Free: 1-877-929-7878

By signing below, I acknowledge receipt of the attached summary of my rights under the Fair Credit Reporting Act and, as required by law, any related state summary of rights.

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



## APPLICATION FORM WAIVER—PLEASE READ CAREFULLY

As an indication that you have read and understood each sentence, please initial in each of the spaces below.

In exchange for the consideration of my job application by Blessuk Inc., dba Blize Healthcare, hereinafter referred to as “the Company,” I agree that:

The acceptance of this application does not indicate that there are any positions open and does not in any way obligate the Company. ( ) Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or in any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like, as they may exist from time to time, or other practices, shall serve to create an actual or implied contract of employment ( ), or to grant any right to remain an employee of the Company, or to otherwise change in any respect the employment-at-will relationship between it and the undersigned ( ) and that the relationship cannot be altered except by a written instrument signed by the Owner of the Company. ( ) Both the undersigned and the Company may end the employment relationship at any time, with or without specified notice or reason. ( )

If employed, I agree to abide by all policies, procedures, rules and practices of the Company. I understand that the Company may unilaterally change or revise their benefits, policies, procedures, rules and practices, and that such changes may include reduction in benefits. ( )

I authorize investigation of all statements contained in this application. ( ) I declare my answers on this application are true. I understand that the misinterpretation or omission of facts requested is cause for rejection of this application or dismissal at any time without previous notice. ( )

I hereby authorize the Company to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. ( )

I understand that the first ninety (90) days of employment with the Company shall be considered an introductory period, and that at any time during the introductory period or any time thereafter, my employment relationship with the Company is terminable at will, with or without specified notice to either party. ( ) I further understand that in order to successfully complete the introductory period, I may be required to pass a written exam related to my position. ( )

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

*We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, citizenship, age, or disability. We assure you that your opportunity for employment with the Company depends solely on your qualifications.*

**Thank you for completing this application form and for your interest in our agency.**  
This application will remain active for six months and will be kept on file for two years.



## EMERGENCY CONTACT INFORMATION

### Employee Information

Employee Name	Social Security No.	
Home Address		
Physician Name	Physician Phone	
Physician Address		
Dentist Name	Dentist Phone	
Dentist Address		
Insurance Information		
Medical Information		

### Emergency Contact Information

In the event of an emergency, I, the undersigned employee, authorize Blize Healthcare to contact the following person(s):

Name	Relationship to Employee	
Home Phone	Work Phone	Mobile Phone
Address		

Name	Relationship to Employee	
Home Phone	Work Phone	Mobile Phone
Address		

Name	Relationship to Employee	
Home Phone	Work Phone	Mobile Phone
Address		

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_