



Personal Information

Last Name		First Name		Middle Name		Other Last Names Used		
Address		Number		Street		City		
						State		
						Zip Code		
Telephone Number (s)				Social Security Number		Drivers License Number		
						State		
Title of Position applying for			Full Time Part Time		Salary Desired		Date Available	
How did you come into contact with IMWell Health?				Names of acquaintances employed by IMWell Health:				
Geographical preference		Will you relocate?						
		YES NO						
Will you travel if the job requires it?				YES		NO		
Have you ever been employed by IMWell Health? If 'YES' please provide dates.								
YES				NO				
Do you have the legal right to remain and work in the U.S.?				Type of Visa, if any		Are you at least 18 years of age?		
YES		NO				YES NO		

Educational History

School Name	Location (City, State)	Major Course Or Subject	Dates Attended		Graduated		Degree
			FROM	TO	YES	NO	
High School							
Technical/Trade (after H.S.)							
College (List all Attended)							
Other Education							

Memberships in extra curricular community or professional organizations (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status):



Special Skills and Past Employment

Typing	YES NO	Words per minute:	Please list computer hardware/software used:
Dictation	YES NO	Words per minute:	
Computer skills	Hardware Software		
Please list other skills and/or experience you have acquired:			

Employer (Present or Most Recent)			Address		Phone	Supervisor's Name
Date Started	Date Ended	Starting Pay	Ending Pay	Your position		
Reason for Leaving						
Describe your duties, responsibilities and accomplishments:						
Employer			Address		Phone	Supervisor's Name
Date Started	Date Ended	Starting Pay	Ending Pay	Your position		
Reason for Leaving						
Describe your duties, responsibilities and accomplishments:						
Employer			Address		Phone	Supervisor's Name
Date Started	Date Ended	Starting Pay	Ending Pay	Your Position		
Reason for Leaving						
Describe your duties, responsibilities and accomplishments:						



Malpractice Claims Activity

Description	Date(s)	Location	Final Disposition
Have you ever had a malpractice policy canceled? Yes _____, No _____. If yes, please explain. Do you have any pending or open malpractice claims? Yes _____, No _____. If yes, please explain. Other applicable information here and on back:			

Professional Licenses/Certificates

Type(s) Please list all applicable to your position:	Number:	Expiration Date:
Have you ever had a license or certificate encumbered, suspended or revoked? Yes _____, No _____. If yes, please explain		

Professional/ Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (Street, City, State, Zip Code)	Phone Number (Include Area Code)	Occupation
Have you ever been convicted of a crime? If "YES" please explain (conviction will not necessarily disqualify an applicant from employment)				
YES	NO			

Covenant Not to Compete

Are you currently subject to a covenant not to compete, confidentiality agreement, or any other type of agreement with a current or former employer that might affect your employment at IMWell Health?
 Yes _____ No _____ If yes, please describe and provide IMWell Health with a copy of the agreement.

TO APPLICANT:

We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

IMWell Health considers all applicants without regard to race, color, religion, sex, national origin, ancestry, age, sexual orientation, marital status, disability (unrelated to job requirements), status as a Vietnam Era veteran or disabled veteran, or any other protected status in accordance with federal, state, or local laws.



Important Notice and Release

By signing this application, I understand and agree to the following:

Neither this document nor any other company procedures and communications are intended to be interpreted as a promise or guarantee of future or continued employment or as stating provisions and terms of employment. IMWell Health and IMWell Health employees recognize their mutual right to end their employment relationship at any time and acknowledge that such relationship is one of employment at will. Except with respect to employment at will, IMWell Health reserves the right to change or make exception to its Human Resources policies, documents, procedures, and benefits, including those for retirees, at any time without notice. No representative of IMWell Health has any authority to make any agreement to the contrary.

As an applicant for employment, I understand that IMWell Health may wish to investigate my background, and I authorize IMWell Health or those acting on its behalf to communicate with individuals and organizations, including but not limited to former employers, educational institutions, business references and government agencies to inquire and investigate into any and all statements contained in this application, my employment history, academic and professional credentials motor vehicle driving record, criminal and civil records, and to obtain other data that may help IMWell Health analyze my qualifications for employment. I also authorize release of such information to IMWell Health and those acting on its behalf. I agree to release the foregoing individuals and organizations, as well as IMWell Health, its officers, directors, agents, attorneys and employees, from all liability, causes of action, claims or demands, which may result from my authorizing them to investigate my background and from their furnishing and/or using information in conjunction with such investigation.

I certify that the statements contained in this application are true and correct to the best of my knowledge and that any misstatement may result in termination from IMWell Health at any time.

To enable IMWell Health to fulfill its responsibilities under the Immigration and Control Act of 1986, employment is subject to providing proof of identity and authorization to work in the United States satisfactory to IMWell Health.

Applicant's Signature _____
Date _____