



**PREVIOUS EMPLOYMENT**

Employer name and address:	Position title/duties:	Start date:	End date:
		Reason for leaving:	
Per:	Supervisor:	Phone:	
	May we contact this employer:		
Employer name and address:	Position title/duties:	Start date:	End date:
		Reason for leaving:	
Per:	Supervisor:	Phone:	
	May we contact this employer:		
Employer name and address:	Position title/duties:	Start date:	End date:
		Reason for leaving:	
Per:	Supervisor:	Phone:	
	May we contact this employer:		

Which of these jobs did you like best? \_\_\_\_\_

Have you ever been dismissed or forced to resign from any employment?  Yes  No If yes, identify name(s), reason(s), and relevant dates: \_\_\_\_\_

**REFERENCES:** Give the names of three persons not related to you, whom you have known at least three (3) years, from prior or current employment.

Name	Address	Phone	Business & Position	Years Known

## APPLICANT AGREEMENT (Please be sure to read before signing!)

1. Read, Initial and Date Each Paragraph
2. Read, Sign and Date at the end.

I affirm that the statements made on this application, including all statements concerning my former employment, are true and complete. I authorize PAL Health Technologies to investigate any statement contained in any part of this application (including but not limited to education, employment), and I understand that any false statement, omission of fact, or misrepresentation of facts on this application or other forms provided to PAL will constitute a legitimate and non-discriminatory reason to not hire me. In addition, if hired, I understand that any false statement, omission of fact, or misrepresentation of facts with this Application or other forms provided to PAL shall constitute a legitimate and non-discriminatory reason for termination.

\_\_\_\_\_  
Initials                      Date

To allow the Company to fully consider me as an Applicant for potential hire, I also authorize and request each former employer, except as indicated, and any person, firm, or corporation given as a reference, to answer all questions that may be asked and to give all information that may be sought concerning me, my work, habits, character, skills, or actions in any transaction. I release all parties from all liability for any damage that may result from furnishing such information to PAL.

\_\_\_\_\_  
Initials                      Date

I understand that completing this Application does not constitute an offer of employment by PAL Health Technologies, Inc. In addition, I understand and agree that, if offered employment by PAL, this Application for Employment does not constitute an employment agreement between me and PAL Health Technologies, Inc. If I am hired, I understand and agree that, unless a written employment agreement for a specified period of time is entered into and signed by myself, and by the Chief Executive Officer for the employer, my employment is not for a definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.

\_\_\_\_\_  
Initials                      Date

I realize that any offer of employment is dependent upon successfully passing a drug screen and fitness for work physical and completion of a thorough background investigation. If I do not pass the drug screen, physical and/or background investigation, I understand that and agree that the offer of employment will be withdrawn and that I will have no recourse whatsoever.

\_\_\_\_\_  
Initials                      Date

By my signature on this application, I acknowledge that the Company did not inquire about and I did not provide any information regarding conviction/arrest records that have been sealed or expunged. By my signature on this Application for Employment, I also represent that I have read the Applicant Agreement in full, that I understand the Applicant Agreement and that I have knowingly and voluntarily agreed to it on the date set forth below.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_