

## **APPLICATION FOR EMPLOYMENT**

PERSONAL INFORM Date	ATION				
Name:					
First	Middle			Last	
Other names you have us	sed:				
Address:					
City:	State:	Zip:	Phone n	umber:	
Are you 18 years or olde	er? Yes No				
Are you either a U.S. Cit	tizen or an alien authorized to we	ork in the United	States?	☐Yes ☐No	
Do you have a valid driv	ver's license? Yes No				
Is there any reason you c	cannot be at work on time and on	n a consistent basi	s? Yes	□ No	
EMPLOYMENT DECL	IDED.				
Position Product		Manager	ment \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	y available	
Have you ever applied to	this company before?	When?			
Date you can start	Salary Desired	Referred by	у		
Do you have family or fr	riends currently employed by PA	AL Health Techno	ologies? Y	es No	
If Yes, please give name	and relationship:				
EDUCATION	Name and Location of School	# of you	ars attended	Degree earned	Subjects
	Ivalle and Location of School	# Of yea	ars attended	(Y/N & type)	studied
High School					
College					
Trade, Business, or Correspondence School					

## PAL Health Technologies is an equal opportunity employer.

Applicants will receive consideration for positions, without regard to race, color, religion, age, sex, except where sex is a bonafide occupational qualification, sexual orientation, marital status, individuals with disabilities, and equally to disabled veterans and veterans of the Vietnam era.

## PREVIOUS EMPLOYMENT

Employer name and address	Position title/duties:			Start date:	End date:	
				Reason for leaving	:	
Per:	Supervisor:	Phone:				
	May we contact this er	mplover:				
	1	T. a.				
Employer name and address	ss: Position title/duties:			Start date:	End date:	
				Reason for leaving	:	
Per:	Supervisor:	Phone:				
	May we contact this en	mnlover:				
	may we contact this cr	inprojer.				
Employer name and address	ss: Position title/duties:			Start date:	End date:	
				Reason for leaving	:	
Per:	Supervisor:	Phone:				
	May we contact this en	mnlover:				
Which of these jobs did yo		inproyer.				
	sed or forced to resign from	n any employment? [	Yes	No If yes, ide	ntify name(s),	
reason(s), and relevant date	es:					
REFERENCES: Give the	names of three persons no	t related to you, whom	ı you ha	ve known at least th	ree (3) years, from	
prior or current employmen	or or current employment.					
Name	Address	Phone	Busin	ness & Position	Years Known	

Revised: 08/10/2018

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

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

I authorize PAL He education, employe other forms provid that any false states	ealth Technologies to investigate any statement contained in any part of this application (including but not limited to ment), and I understand that any false statement, omission of fact, or misrepresentation of facts on this application or led to PAL will constitute a legitimate and non-discriminatory reason to not hire me. In addition, if hired, I understand ment, omission of fact, or misrepresentation of facts with this Application or other forms provided to PAL shall nate and non-discriminatory reason for termination.
Initials	Date
as indicated, and an information that m	pany to fully consider me as an Applicant for potential hire, I also authorize and request each former employer, except my person, firm, or corporation given as a reference, to answer all questions that may be asked and to give all may be sought concerning me, my work, habits, character, skills, or actions in any transaction. I release all parties from damage that may result from furnishing such information to PAL.
Initials	Date
I understand and agreement betweer agreement for a speemployment is not	ompleting this Application does not constitute an offer of employment by PAL Health Technologies, Inc. In addition, gree that, if offered employment by PAL, this Application for Employment does not constitute an employment in me and PAL Health Technologies, Inc. If I am hired, I understand and agree that, unless a written employment ecified period of time is entered into and signed by myself, and by the Chief Executive Officer for the employer, my for a definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time the and without cause.
Initials	Date
of a thorough back	ffer of employment is dependent upon successfully passing a drug screen and fitness for work physical and completion ground investigation. If I do not pass the drug screen, physical and/or background investigation, I understand that and of employment will be withdrawn and that I will have no recourse whatsoever.
Initials Date	
regarding conviction represent that I have	n this application, I acknowledge that the Company did not inquire about and I did not provide any information on/arrest records that have been sealed or expunged. By my signature on this Application for Employment, I also we read the Applicant Agreement in full, that I understand the Applicant Agreement and that I have knowingly and to it on the date set forth below.
Date	Signature of Applicant
I realize that any o of a thorough back agree that the offer Initials Date  By my signature or regarding conviction represent that I hav voluntarily agreed	ffer of employment is dependent upon successfully passing a drug screen and fitness for work physical and completion ground investigation. If I do not pass the drug screen, physical and/or background investigation, I understand that and of employment will be withdrawn and that I will have no recourse whatsoever.  In this application, I acknowledge that the Company did not inquire about and I did not provide any information pon/arrest records that have been sealed or expunged. By my signature on this Application for Employment, I also we read the Applicant Agreement in full, that I understand the Applicant Agreement and that I have knowingly and to it on the date set forth below.

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