



APPLICATION FOR EMPLOYMENT

POSITION DESIRED: _____ SOCIAL SECURITY # _____

LAST NAME _____ FIRST NAME _____

MIDDLE INITIAL _____ MAIDEN NAME _____

PRESENT ADDRESS _____ STREET & NO. CITY _____ STATE ZIP _____

CONTACT # _____,

EMERGENCY CONTACT _____ # _____

DRIVER LICENSE # _____ STATE # _____ EXPIRATION DATE _____

DATE OF BIRTH (* for accurate info retrieval) : _____

How did you hear about the Joyal health Care Services INC.? _____

I am fluent in the following languages? _____

Do you have any relatives employed at JHCS? If yes states name(s) _____

Will you furnish proof that you are eligible to work in the United States? Yes No

PROFESSIONAL REGISTRATION, LICENSE OR ACCREDITATION

TYPE _____ NUMBER _____ DATE ISSUED _____ DATE EXPIRES _____ ISSUED BY _____

TYPE _____ NUMBER _____ DATE ISSUED _____ DATE EXPIRES _____ ISSUED BY _____

IS YOUR LICENSE CURRENTLY, OR HAS EVER BEEN UNDER RESTRICTION? Yes No

If so explain: _____

EMPLOYMENT HISTORY

List your last three employments starting with your present or most recent position. You may include your resume for additional information, but will not be used in place of the application. ALL QUESTIONS MUST BE COMPLETED IN FULL.

| | | | | |
|---|---|---|--------------|---|
| Name of Employer | Dates Employed From / / To / / | Your Title | Final Salary | Number of employees you supervised : |
| Address of Company : | | Name and title of your immediate supervisor : | | Describe your work in details : <input type="checkbox"/> Full time <input type="checkbox"/> Part time |
| Phone Number : | | | | |
| Account for periods of employment inactivity between positions : | | | | |
| Name of Employer | Dates Employed From / / To / / | Your Title | Final Salary | Number of employees you supervised : |
| Address of Company : | | Name and title of your immediate supervisor: | | Describe your work in details : <input type="checkbox"/> Full time <input type="checkbox"/> Part time |
| Phone Number : | | | | |
| Account for periods of employment inactivity between positions : | | | | |
| Name of Employer | Dates Employed From / / To / / | Your Title | Final Salary | Number of employees you supervised : |
| Address of Company : | | Name and title of your immediate supervisor: | | Describe your work in details : <input type="checkbox"/> Full time <input type="checkbox"/> Part time |
| Phone Number : | | | | |
| Account for periods of employment inactivity between positions : | | | | |

REFERENCES: List three individuals who are in a position to evaluate your training, experience and attributes. Please omit relatives:

| NAME | POSITION | COMPANY | ADDRESS | PHONE # |
|------|----------|---------|---------|---------|
| | | | | |
| | | | | |
| | | | | |

Reference Comments: _____

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to a crime (this includes DUI or DWI)?
 Yes No If yes, give details (date, place, offense(s), disposition, ect.)

EDUCATION

| Schools | Name & Location of School | Dates Attended | | Course of Study |
|-----------------------|---------------------------|----------------|--|--|
| High | | | | Graduated <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED |
| College or University | | | | Major: Degree received : Year : |
| Graduate School | | | | Major: Degree received : Year : |
| Vocation or Business | | | | Major: |
| Other | | | | Major: |

Please read carefully and sign below:

I certify that all of the facts and information listed on this employment application are true, current, and complete. I understand that any false, and incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time after I am employed may result in termination of employment.

I authorize Joyal Health Care Services Inc. to investigate all statement contained in this application, to interview the references and previous employers listed in this application, to interview the references and previous employers listed in this application, and to obtain a report from a consumer reporting agency to be used for employment purposes in accordance with the Fair Credit Reporting Act. I authorized the references and previous employers listed in this Joyal Health Care Services Inc. application to release all facts ,opinion , and evaluations concerning my previous employment and any other information they may have ,personal or otherwise . I hereby release all such parties from any liability which may allegedly rise from furnishing such information to Joyal Health Care Services ,Inc., including but not limited to any liability for defamation or invasion of privacy.

If I am offered employment with Joyal Health Care Services, Inc. I may be subject to pre-employment drug test where a reasonable suspicion exists, or where warranted by circumstances, workplace conditions or contractual requirements. Any positive results of such test will be reported to the appropriate licensing board and failure to take such test(s) when requested to do so or unsatisfactory test results will disqualify me from consideration for employment, or if I am then employed, may result in my immediate dismissal.

I understand and agree that there is no promise or employment contract between Joyal Health Care Services, Inc. and myself. If an employment relationship is established, I understand that my employment can be terminated "at will", by Joyal Health Care Services, Inc. or myself at any time. Also, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and client of Joyal Health Care Services, Inc.

I have read and understand the information in Joyal Health Care Services, Inc. Employee Handbook. I understand that I am responsible for complying with the information contained in the Employee Handbook.

I certify that I have read, understand and agree with the above.

_____ SIGNATURE

_____ DATE