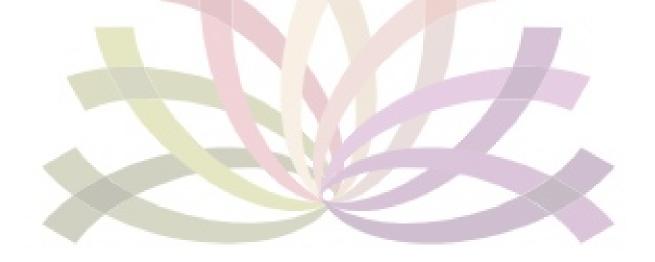
APPLICATION



ASIAN HERITAGE HEALTHCARE

APPLICATION FOR EMPLOYMENT

ASIAN HERITAGE HEALTHCARE does not discriminate in hiring or employment on the basis of race, color, religious creed, national origin, ancestry, sex, or on the basis of age or physical or mental handicap unrelated to the ability to perform the work required. No question on this application is intended to obtain information to be used for such discrimination. This application will be given every consideration. However, its acceptance does not imply that the applicant will be employed.

Personal Information	Date of Application://	Date Available://		
Name:		Last 4 of SSN:		
Last	First Middle			
Present Address:		Phone Number: ()		
Street	City State Zip Code	е		
e-Mail Address:		Cell Phone No: ()		
If you cannot be reached at the ab	ove phone number, how may we contact you? Name of Person:	Phone Number: (
If not a U.S. citizen, do you have	the legal right to remain permanently and work in the U.S.? Yes	☐ No Immig. Number:		
Employment Desired	Have you worked for this company before?	☐ Yes ☐ No		
Type of Work Desired	Shift Have you ever received Unemployment Insurance? Have you ever received Worker's Compensation?			
	Have you ever received Disability Insurance?	☐ Yes☐ No Date://		
	Will you accept employment of Full Time?	Part Time?		
Are you employed now?	Are you 18 years of age or older? May we contact your present employer? If no, why?	☐ Yes☐ No		
Education	Name of School Location (City, Sate) Courses	S Taken Date Completed Diploma, Degree or Certificate Received		
Grammar or Grade School				
High School				
College				
Vocational or Business				
Professional Education				
Laboratory or X-ray Trng.	$\Lambda \subseteq \Lambda \Lambda$	VI .		
Extracurricular Activities while in School: Member of Professional Organizations: Honors Received, Volunteer or Community Service or Other Qualifications You				
	o the position for which you are applying:	ARF		
Have You Ever Been in The U.S. Armed Forces?		sently a Member If So, When is Your Enlistment Up?		
Professional License an	d/or Certification	Verification		
Туре	Organization or State Issued Date Issued	Number		
Туре	Organization or State Issued Date Issued	Number		

EMPLOYMENT RECORD: (PLEASE list most recent employer first. Include summer or temporary jobs.

Present & Former Employers	Dates Employed	Position & Duties	Reason for Leaving		
Name:	From:				
Address: Supervisor's					
Name:	To:				
Phone:					
Name:	From:				
Address:					
Supervisor's Name:	То:				
Phone:					
Name:	From:				
Address:	Pioni.				
Supervisor's Name:	To:				
Phone:		100			
Name:	From:				
Address: Supervisor's	T				
Name:	То:	A A	7		
Phone:					
Please explain all periods of					
unemployment:					
	-				
Other names by which you have been known	(for date verification	and reference checking p	urposes).		
Last	First		Middle		
^	A C I A A I				
Have you ever been convicted of a crime? If so, for what, when and where?					
HFF	5 I T	AGE			
Please list two references other than relativ	es or previous empl	lovers	(<u></u>)		
Name and Occupation			Phone Number		
	long?	O / \ I \			
Do you consider yourself to be able to perform all the duties required by the job(s) for which you are making an application without endangering yourself, other employees or patient? If no, please explain:					

ASIAN HERITAGE HEALTHCARE

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary for arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at the time.

I hereby acknowledge that any employment relationship with this company is of an "at-will" nature, which means that the Employee may resign at any time and the Employer, may discharge Employee at any time with or without cause. It is further understood this "at-will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Empl	ovee	Signat	ure
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AGENCY USE ONLY		
Interview Date	Interviewer	Test Score
	ASIA	N
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