Rhapsody Healthcare Services LLC

Application for Employment

Position You Are Applying For _____ Desired Salary _____

Date Available for Work: _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____ Email address: _____

Social Security Number: _____

Are you a U.S. Citizen? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No

If selected for employment are you willing to submit to a pre-employment drug screening test? [ ] Yes [ ] No

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held: _____

EMPLOYMENT

Employer: _____ Dates Employed: _____

Work Phone: _____ Pay Rate: $ _____ to _____

Address: _____

City: _____ State: _____ Zip: _____

Position: _____

Duties Performed: _____

Supervisors Name and Title: _____

Reason for leaving: _____

May we contact them? [ ] Yes [ ] No

REFERENCES

Name	Title	Company	Phone

Acknowledgement and Authorization

[ ] I certify that all 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 in arriving at an employment decision.

[ ] In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

_____

Signature of Applicant Date