



A CareerLink, Inc. Company

12750 Merit Drive  
Suite 1015, Dallas, Tx 75251  
p:214.987-1600 f:214.987.1742  
www.healthlinkrx.biz

**Application for Employment**

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Position(s) applied for or type of work desired: \_\_\_\_\_

Applicant Full name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (h) #: \_\_\_\_\_ Telephone (w) #: \_\_\_\_\_

Telephone (c) #: \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

Type of employment desired:  full-time  part-time  temporary/contract  travel

Date you will be available to start work: \_\_\_\_\_

Are you able to meet the attendance requirements?  Yes  No

Do you have any objection to working overtime if necessary?  Yes  No

Can you travel if required by this position?  Yes  No

Have you ever been previously employed by our organization?  Yes  No

Can you submit proof of legal employment authorization and identity?  Yes  No

If you are under 18, can you furnish a work permit if it is required?  Yes  No

Have you ever been convicted, plead guilty, no contest or Non-Adjudication of guilt to a crime in the last 7 years?

Yes  No

If yes, please explain (a conviction will not automatically bar employment):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment History**

No one in this organization is authorized to enter into any written (or verbal) employment contracts with any employee or applicant without the express written consent of an officer of HealthLinkRx

Please provide all employment information for the past three employers, starting with the most recent. (Please complete this information even if you have submitted a resume)

Employer 1: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: From: \_\_\_\_\_ (MM/YYYY) To: \_\_\_\_\_ (MM/YYYY)  
Salary: \$ \_\_\_\_\_  
List Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Employer 2: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: From: \_\_\_\_\_ (MM/YYYY) To: \_\_\_\_\_ (MM/YYYY)  
Salary: \$ \_\_\_\_\_  
List Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

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Employer 3: \_\_\_\_\_ Position held: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Immediate supervisor and title: \_\_\_\_\_  
Dates employed: From: \_\_\_\_\_ (MM/YYYY) To: \_\_\_\_\_ (MM/YYYY)  
Salary: \$ \_\_\_\_\_  
List Job summary: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Other Skills and Qualifications**

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

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**Educational History**

List school name and location, number of years completed, course of study, and any degrees earned:

\_\_\_\_\_

**High school:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended – From: \_\_\_\_\_ (MM/YYYY) To: \_\_\_\_\_ (MM/YYYY)

Did you Graduate? Yes / No

**College:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates Attended – From: \_\_\_\_\_ (MM/YYYY) To: \_\_\_\_\_ (MM/YYYY)

Did you Graduate? Yes / No Major: : \_\_\_\_\_

Technical Training: \_\_\_\_\_

Other: \_\_\_\_\_

**Professional References**

Please provide a minimum of three (3) professional references:

**Reference 1 Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Is this Ph# a: \_\_\_ Hm # \_\_\_ Wk# \_\_\_ Cell#

Business Relationship: \_\_\_\_\_

**Reference 2 Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Is this Ph# a: \_\_\_ Hm # \_\_\_ Wk# \_\_\_ Cell#

Business Relationship: \_\_\_\_\_

**Reference 3 Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Is this Ph# a: \_\_\_ Hm # \_\_\_ Wk# \_\_\_ Cell#

Business Relationship: \_\_\_\_\_

**Reference 4 Name:** \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Is this Ph# a: \_\_\_ Hm # \_\_\_ Wk# \_\_\_ Cell#

Business Relationship: \_\_\_\_\_

FURTHERMORE, I understand that any employment offer will be contingent upon my agreeing to maintain confidentiality of CareerLink, Inc. propriety information and to assign to CareerLink, Inc. all rights in any invention either developed by me during my employment or using in any way CareerLink, Inc. know how. If employed, I agree to sign an appropriate agreement embodying these conditions and to abide by such agreement.

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all-previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that if I am on a traveling assignment through CareerLink, Inc. travel arrangements are made and or reimbursed by CareerLink, Inc. I understand that I must provide a minimum of 1 week notice to terminate a traveling assignment. If less than 1 week is given then I understand that I am responsible for assuming the cost incurred to travel home from the project site.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Agree

Disagree

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Please Take a Moment to complete the survey on the next page.**  
**Affirmative Action Voluntary Information:**

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

**Referral Source:**

- Walk –in     Government Employment Agency     Private Employment Agency  
 Employee     Relative     School  
 Advertisement – Source \_\_\_\_\_     Other \_\_\_\_\_

Name of person who referred you (if applicable): \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Male       Female

**Please check one of the following Equal Opportunity Identification Groups:**

- White (not Hispanic origin)       Black (not of Hispanic Origin)       Hispanic  
 American Indian/Alaskan Native       Asian/Pacific Islander       Other \_\_\_\_\_

**For Administrative Use Only:**

Position Applied for     Available       Not Available  
Hired       Yes       No