

MAIKA' I HEALTH CORPORATION

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company:		Phone:	
Address:		Supervisor:	

Job Title:		Starting Salary: \$		Ending Salary: \$	
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:		Phone:	
Address:		Supervisor:	

Job Title:		Starting Salary: \$		Ending Salary: \$	
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Company:		Phone:	
Address:		Supervisor:	

Job Title:		Starting Salary:\$		Ending Salary:\$	
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Responsibilities:	
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From:		To:		Reason for Leaving:	
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May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Medical Clearance History

Please check off all that apply. *Documentation shall be required.*

_____ Hepatitis B Vaccination (HBV)

_____ Covid Vaccine

_____ TB Clearance

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:		Date:	
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