

Maximal Health Employment Application

Name _____ Date _____

Address _____

Phone _____ Best time to call _____

Email _____

Availability Full-Time Part-Time Temporary Salary Expected Hourly: _____, Monthly: _____

How many hours would be ideal per week? _____. What days and times are best for you: _____

Any hours/ days you could NOT work: _____

Currently Employed: ___ yes ___ no Employer: _____

Do you have obligations that might prevent you from performing your job or might result in missed attendance? No Yes, please explain. _____

When are you available to begin employment if position is offered? _____

How many miles away do you reside from our Las Colinas office location?: _____

What are your 1 and 5-year goals in life: work, family, finances, etc ?

What would be your **ideal career** IF time and money were NOT issues? _____

Please list your computer skills and/or any special training that would be valuable asset for our mission here at Maximal Health? _____

What are you truly passionate about in life? _____

Please rate yourself in the following areas on a scale of **1-10** (10 being the highest).

| | | | |
|---------------------|--------------------|---------------------|---------------------------|
| ____ Willingness | ____ Flexibility | ____ Responsibility | ____ Attention to Details |
| ____ Self-Esteem | ____ Dependability | ____ Assertiveness | ____ Communication Verbal |
| ____ Multi- Tasking | ____ Competitive | ____ Office Skills | ____ Consistent Demeanor |

How would you describe yourself in 3 words: _____

Please add the following cash:

Please add the following cheques:

| | | |
|----------------------------|----|----------|
| 21 One Dollar Bills | \$ | 227.69 |
| 7 Five Dollar Bills | \$ | 2,673.00 |
| 12 Ten Dollar Bills | \$ | 739.00 |
| 24 Twenty Dollar Bills | \$ | 1,185.12 |
| 4 One Hundred Dollar Bills | \$ | 344.02 |

Total \$ _____

Total \$ _____

What is your total deposit cheques plus cash? \$ _____

Any UNIQUE experience with contracts, social media, public speaking, presentations, scheduling events that would add VALUE to our Mission and Vision here at Maximal Health?: _____

Personal and Professional References

| Name | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Have you ever been convicted of a crime, other than minor traffic infractions? Yes No

IF Yes: explain _____

Do you possess a Texas Driver's License No Yes, Exp. Date _____ . #: _____

Social Security # _____ DOB: _____

I certify that the above information is accurate and true to the best of my knowledge. I understand that any information that is false or misleading will be sufficient cause for immediate disqualification or dismissal. I authorize the release of any information from previous employers or references, and a background/ credit check.

Signature _____ Date _____