



STRATEGIC HEALTHCARE PROGRAMS, LLC  
Real-Time. Real-Smart.

## EMPLOYMENT APPLICATION

Please submit via Secure Fax (805) 456-0219

### Applicant Information

First Name		Middle Name		Last Name	
Address 1				Date of Birth	
Address 2				Social Security Number (SSN)	
City			State		Zip Code
Telephone			Email Address		
Date Available				Desired Salary	
Position(s) Applied for					

	Yes	No
Please answer the following questions	Are you a citizen of the United States?	
	If no, are you authorized to work in the U.S.?	
	Are you able to relocate?	
	Have you ever worked for this company?	
	Have you ever been convicted of a felony? If yes, explain.	

### Education

High School		Address	
From (MM/YYYY)		To (MM/YYYY)	Did you graduate?
College			Address
From (MM/YYYY)		To (MM/YYYY)	Did you graduate?
Degree Earned			Field of Study
Other			Address
From (MM/YYYY)		To (MM/YYYY)	Did you graduate?
Degree Earned			Field of Study

### Previous Employment

Company		Supervisor Name	
Address			Telephone
City			Zip Code
Job Title			Starting Salary
Reason for leaving			Ending Salary
Responsibilities	See Resume		
May we contact your supervisor for a reference? (Yes/No)			

**Previous Employment (Continued)**

Company		Supervisor Name	
Address		Telephone	
City		State	Zip Code
Job Title		Starting Salary	Ending Salary
Reason for leaving		Start Date	End Date
Responsibilities	See Resume		
May we contact your supervisor for a reference? (Yes/No)			

Company		Supervisor Name	
Address		Telephone	
City		State	Zip Code
Job Title		Starting Salary	Ending Salary
Reason for leaving		Start Date	End Date
Responsibilities	See Resume		
May we contact your supervisor for a reference? (Yes/No)			

**Background Check**

SHP may order a background report for employment purposes only.		Yes	No
Please initial the following:	I consent to SHP obtaining a background report for employment purposes.		
	I request a free copy of my background report from SHP.		
	I understand that Before SHP takes any adverse action based in whole or in part on the background report, SHP will provide the applicant with a notice that includes a copy of their background report; and a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" notice.		
	I understand that I will be allowed a reasonable time (5 days) to dispute the information contained in the background report. SHP will, if still intending to take adverse action, send the applicant a follow-up notice that SHP is taking adverse action based in whole or in part on the background report.		
	I understand that SHP will take reasonable and precautionary measures to protect the security and confidentiality of the background report.		

**Disclaimer and Signature**

*Strategic Healthcare Programs, LLC is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, disability, or veteran status. If you need assistance or an accommodation during the application process because of a disability, it is available upon request. The company is pleased to provide such assistance, and no applicant will be penalized as a result of such a request. Employment is at-will.*

*I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This includes, but is not limited to criminal background checks and drug testing. I understand that this application is not intended to be a contract of employment. In the event of employment, I understand false or misleading information given on my application or interview may result in termination.*

*I hereby authorize and request any present or former employer, school, law enforcement agency, or other persons having personal knowledge of me, to furnish the Strategic Healthcare Programs, LLC. or its authorized agent, with any and all information in their possession in connection with my employment in a critical position. I agree that a photocopy of this information can be furnished to SHP and that it will have the same authority and authenticity as the original. I understand that SHP positions, which are designated critical, require background checks for the purpose of evaluating me for employment, promotion or transfer. I also understand that any misrepresentation, falsification or omission of facts herein may be grounds for disqualification or separation.*

Signature		Date	
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*Your Employment Application will remain active for 60 days or until the position is filled.*

**Strategic Healthcare Programs, LLC**  
 121 East Mason Street, Suite B, Santa Barbara, CA 93101  
 Telephone (805) 963-9446, Secure Fax (805) 456-0219 www.SHPdata.com

