

Intern & Volunteer Application

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

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

How Best to Reach You: Phone: _____ Time: _____

Position Applied for: _____ Shifts Available: _____

Are you able to perform the job functions of
this position with or without reasonable
accommodation? YES NO

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

Were you referred by a current
Helio Health employee? YES NO If yes, by who?

Have you ever worked for Helio Health? YES NO If yes, when?

The following question indicates the information is required by our malpractice insurance company, or is dictated by national security laws, or is needed for other legally permissible reasons.

Do you have a valid NYS
Driver's License? YES NO

Education

High School: _____ Address: _____
Did you graduate? YES NO Degree: _____

College: _____ Address: _____
Did you graduate? YES NO Degree: _____

Other: _____ Address: _____
Did you graduate? YES NO Degree: _____

Graduate School: _____ Address: _____
Did you graduate? YES NO Degree: _____

Licenses/Credentials/Certificates: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____

DISCLAIMER and SIGNATURE

Authorization:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by Helio Health. I understand that filling out this form does not indicate there is a position open and does not obligate Helio Health to hire. I agree to abide by all Helio Health rules, policies and procedures. Helio Health retains the right to revise its policies or procedures in whole or in part at any time.

I understand that any employment is conditioned on a background check. I authorize Helio Health to thoroughly investigate my criminal and/or financial background, all statements contained on my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to Helio Health, without giving prior notice of such disclosure. In addition, I release Helio Health, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to investigation or disclosure.

If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by Helio Health and as permitted by law. I consent to such examinations or drug tests and I request the examining physician disclose to Helio Health the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment will require that I abide by the Personnel Policies of Helio Health.

Signature

Date

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on the basis of: race, creed, color, sex (including pregnancy, gender identity and sexual orientation), parental status, religion, national origin, citizenship, status as a victim of domestic violence, age, military or veteran status, handicap or disability, family medical history or predisposing genetic characteristics or carrier status, marital status, family status, political affiliation, felony conviction record, status as a victim of a crime, or any other protected categories, status or activity protected by Federal, State or Local Law.