Helio Health 555 East Genesee Street Syracuse, NY 13202 315-474-5506 Phone 315-474-1554 Fax www.helio.health/careers



Intern & Volunteer Application

Applicant Information					
Full Name:	Date:				
Last Fir	St 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? Are you a citizen of the United States? Were you referred by a current Helio Health employee? Have you ever worked for Helio Health?	NO NO If no, are you authorized to work in the U.S.? If yes, by who? If yes, when?				
The following question indicates the information is required by our malprilegally permissible reasons.	actice insurance company, or is dictated by national security laws, or is needed for other				
Do you have a valid NYS YES Driver's License?	NO □ Education				
High School:	Address:				
College: YES NO	Address:				
Other: YES NO	Address:				
Did you graduate?					
Graduate School: YES NO	Address:				
Did you graduate? Degree:					

Professional References					
Full Name:		Relationship	o:		
Company:			Phone: ()		
Address:			Email:		
Full Name:	Relationship:				
			Phone: ()		
Address:			Email:		
	Relationship:				
			Phone: ()		
Address:			Email:		
	Empl	oyment Histor			
Company:			Phone: ()		
Address:			Supervisor:		
Job Title:					
Responsibilities:					
From:	Reaso To: Leavi				
May we contact yo	ur previous supervisor for a reference?	YES	NO		
Company:			Phone: _ ()		
Address:			Supervisor:		
Job Title:					
Responsibilities:					
From:	Reaso To: Leavio	on for ng:			
May we contact yo	ur previous supervisor for a reference?	YES	NO		
Company:			Phone: ()		
Job Title:					
	Reaso To: Leavi	on for ng:			
May we contact yo	ur previous supervisor for a reference?	YES	NO		

Branch:	Military Service				
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	Branch:	From:	To:		
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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.