

totalwellness™

Health Fairs of America

Vaccination Services of America, Inc.

Employeesignup.com

9320 H Court

Omaha, NE 68127-1246

Efax: 310-564-2049 (direct, safe fax to recruiters)

Email: rns@vsamerica.com

You may either fax (preferred), email or mail this application (please pick one). You will receive a confirmation email once your application is received. This application is good for 1yr.

Applications are considered for all independent contractors, and contractors are treated during the agreement, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination as provided under applicable state and federal law.

Please Print

Date of Application: _____

Position(s) Applied For: _____

Applicant Name: _____ Social Security Number ____/____/____
Last, First, Middle

Address: _____
Number, Street, City, State, Zip Code

Metro Area: _____
Largest Metro Area closest to the City and State in which you live

Telephone Number: _____ Cell Phone Number: _____

Email Address: _____
Email address is used to notify you of upcoming events in your area. Most correspondence is done through email.

Are you employed now? Yes _____ No _____

May we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country? Yes _____ No _____

On what date would you be available for work? _____ Expected Salary: _____

What days are you available to work: S M T W T F S Varies

Have you ever been convicted of a crime, in this state or any other state? Yes _____ No _____

List professional trade, business, or civic activities and offices held. (You may exclude those which indicate race, religion, sex, or national origin): _____

Do you currently hold a professional license: Yes _____ No _____ (Please include CPR if current)

Type of License: _____ State: _____ License Number: _____ Expiration Date: _____
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Has the license (or any other professional license) ever been suspended, revoked, placed on probation or the subject of any disciplinary proceeding; or have you ever voluntarily surrendered your license?
Yes _____ No _____ If yes, please explain: _____

Give name, address and telephone number of three references, who are not related to you, and are not previous employers:

Name: _____
Address: _____
Telephone Number: _____

Name: _____
Address: _____
Telephone Number: _____

Name: _____
Address: _____
Telephone Number: _____

Education

Please list education or specialized experience, which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability, or national origin.

School Name: _____
Location: _____
Length of Course: _____
Course Completed: Yes _____ No _____
Years Completed: _____ Diploma/Degree: _____

Describe Course of Study: _____

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

Honors Received: _____
Special Skills and Qualifications, including those acquired from employment or other experience:

Employment

Start with your present or last job. Include military service assignment and volunteer activities. Exclude organization names which indicate for example, race, color, religion, sex, disability, or national origin.

Employer: _____
Address: _____
Telephone: _____ Dates Employed: From _____ To _____
Name of Supervisor: _____
Job Title: _____ Hourly Rate/Salary: _____
Work Performed: _____
Reason for Leaving: _____

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Telephone: _____ Dates Employed: From _____ To _____
Name of Supervisor: _____
Job Title: _____ Hourly Rate/Salary: _____
Work Performed: _____
Reason for Leaving: _____

Applicant's Statement

These answers are true and complete to the best of my knowledge. The company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge. I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE CONTRACTUAL RELATIONSHIP BETWEEN MYSELF AND THE COMPANY IS TERMINABLE AT WILL. ANY CHANGES IN THIS CONTRACT RELATIONSHIP MUST BE MADE IN WRITING. I also understand that any offer of contract may be conditioned upon my participation in a training in-service program and my obtaining a satisfactory score (as determined by the company) on the training examination. Additionally, I understand a drug or alcohol test may be required depending upon company policy. I authorize the company to make a thorough investigation of my past employment, education, and job-related activities and I release from all liability all persons, companies, and corporations. Additionally, I authorize the company to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency or other party, with an interest that the company deems appropriate.

Signature of Applicant / Date

Please only fax, email, or mail this application to one of the following:

Fax this application to: 310-564-2049 (Direct, safe fax to recruiters)

Email this application to : rns@vsamerica.com

Total Wellness

Attn: Independent Contracting

9320 H Court

Omaha, NE 68127

Please note: if application is sent by mail, it may take up to 2 weeks to hear from us.

Once your application is received, you will receive a confirmation email.

Thank you for your interest!