Innovative Health Care Concepts, Inc. 790 South Holmes

790 South Holmes Idaho Falls, Idaho 83401 IHCC Website: http://www.ihccinc.com Valarie Bullis – Human Resources Manager Email: valariebullis@ihccinc.com Phone 529-8526 Extension 105 Fax 529-8597

PERSONAL INFORMATION

Last]	1.0.1		
	Position applied for: [] Direct Service Provider-Para [] Other			
City:	State:	Zip:		
Email: _				
[] Part Time [] Temporary			
[]Yes	[] No			
[] Yes	[] No			
	[] No oyment)			
[]Yes	[] No			
n any court? [] Y	es []No			
) years? [] Ye	s []No			
	Email: [] Part Time [[] Yes [] Yes will be required upon empl [] Yes n any court? [] Y	Email: [] Part Time [] Temporary [] Yes [] No [] Yes [] No [] Yes [] No will be required upon employment) [] Yes [] No n any court? [] Yes [] No		

(The existence of a conviction or pending charge will not necessarily preclude you from employment.)

EDUCATION (***IF YOU TURNED IN A RESUME MARK "SEE RESUME")

Schools	Name & Location	Years Attended	Graduated?	Diploma/ Degree
				- 7

Date: _____

REFERENCES: CO-WORKERS, TEACHERS, ETC. (***IF YOU TURNED IN A RESUME MARK "SEE RESUME")

NAME	OCCUPATION/TITLE	RELATIONSHIP (i.e. supervisor, friend)	TELEPHONE

EMPLOYMENT RECORD (***IF YOU TURNED IN A RESUME MARK "SEE RESUME")

Employment History: List all previous employers for whom you have worked during the last 5 years. Explain any lapses between times when employed. (Names, addresses, and phone numbers must be complete)

Company		Dates: From	То	Phone:	,
Address:		_ City:		State:	Zip:
Job Title:		_Duties:			_Ending Salary:
Supervisor:	My Name at the ti	me:	Reaso	n for leaving	:
Company		Dates: From	То	Phone:	
Address:		City:		State:	Zip:
Job Title:		_Duties:			Ending Salary:
Supervisor:	My Name at the time: _		Reaso	n for leaving	:
Company		Dates: From	То	Phone:	:
Address:		City:		State:	Zip:
Job Title:		_Duties:			_Ending Salary:
Supervisor:	My Name at the ti	me:	Reaso	n for leaving	
	(Attach additional employer i	nformation on a sept	arate sheet, if	needed)	
ADDITIONAL EMPLO	OYMENT INFORMATION				
Have you ever been dischar	rged from a job or forced to resign	? [] Yes	[]	No	
Comments:					
May we contact your prese	nt employer? [] Yes	[] No			
be false in any respect, I will b pertaining to my work record,	tion given by me in this application is be subject to dismissal without notice a my work habit, and my work perform	at any time. I hereby at ances while in their en	uthorize my form nploy.	ner employer	s to release information

In making application for employment, I understand that an investigative report may be made by a consumer reporting agency to include information as to my general character, general reputation, personal characteristics and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such a report has been requested and that I will have the right to make written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of the company's current policies.

I UNDERSTAND AND AGREE THAT IF I AM OFFERED EMPLOYMENT BY INNOVATIVE HEALTH CARE CONCEPTS, INC., MY EMPLOYMENT WILL BE FOR NO DEFINITE TERM AND THAT EITHER I OR IHCC WILL HAVE THE RIGHT TO TERMINATE THE EMPLOYMENT RELEATIONSHIP AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE. I ALSO UNDERSTAND THAT THIS STATUS CAN ONLY BE ALTERED BY WRITTEN CONTRACT OF EMPLOYMENT WHICH IS SPECIFIC TO ALL MATERIAL TERMS AND IS SIGNED BY ME AND THE ADMINISTRATOR OF INNOVATIVE HEALTH CARE CONCEPTS, INC.

Si	gnature:
21	Snatare.

Date:

AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Innovative Health Care Concepts to provide equal opportunities without regard to race, color, religion, sex, national origin, age or handicap.