

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 _____ To _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Duties: _____ Ending Salary: _____
Supervisor: _____ My Name at the time: _____ Reason for leaving: _____

Company _____ Dates: From _____ To _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Duties: _____ Ending Salary: _____
Supervisor: _____ My Name at the time: _____ Reason for leaving: _____

Company _____ Dates: From _____ To _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Job Title: _____ Duties: _____ Ending Salary: _____
Supervisor: _____ My Name at the time: _____ Reason for leaving: _____

(Attach additional employer information on a separate sheet, if needed)

ADDITIONAL EMPLOYMENT INFORMATION

Have you ever been discharged from a job or forced to resign? Yes No

Comments: _____

May we contact your present employer? Yes No

I hereby state that the information given by me in this application is true in all respects. I agree that if I am employed and the information is found to be false in any respect, I will be subject to dismissal without notice at any time. I hereby authorize my former employers to release information pertaining to my work record, my work habit, and my work performances while in their employ.

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.

Signature: _____ 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.