



Date:

Salud Revenue Partners, LLC is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Name

First Middle Last

Other Names Used _____

Street Address _____

City State Zip Code

Country _____ County _____

Home Phone _____ Cell Phone _____

Best Time to Reach You _____ Email Address _____

Position _____ Date Available _____

Desired Rate or Salary _____ Referred By _____

EDUCATION

Please indicate education or training which you believe qualifies you for the position you are seeking.

High School Number of Years Completed 1 2 3 4 (circle one)

Diploma ___Yes ___No ___GED

School(s) _____ City State

College and/or Vocational Schools Number of Years Completed 1 2 3 4 (circle one)

School(s) _____ City State

2200 Elmwood Ave. Suite C-2; Lafayette, IN 47904

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Date: _____

Major _____ Degrees Earned _____

Other Training, Degrees, or Certifications _____

School(s) _____

Area of Study _____

City

State

Degrees/Certifications Earned _____

Please rate your comfort level on a scale of 1-5 on the below, 5 being extremely comfortable.

Using a Computer _____

Using the Internet for Research _____

Microsoft Word _____

Microsoft Excel _____

Microsoft PowerPoint _____

Microsoft Access _____

Please list other software or relevant skills useful for the position you are applying.

OTHER INFORMATION

Social Security Number _____ - _____ - _____

Are you over 18 years old? _____ Yes _____ No

Are you legally eligible for employment in the United States? _____ Yes _____ No

(If offered employment, you will be required to provide documentation to verify eligibility.)

RECORD OF CONVICTION

During the last ten years, have you ever been convicted of a crime, other than a minor traffic offense? _____ Yes _____ No

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

If yes, please explain _____

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EMPLOYMENT

Starting with your most recent employer, please list your employment history, including US Military Service.

May we contact your present employer? Yes No

Explain any gaps in work history _____

If any employment was under a different name, please indicate name _____

EMPLOYER 1 _____

Address _____

Telephone _____

Position _____

Dates of Employ (MM/YY Format) From: _____ To: _____

Final Salary _____

Supervisor _____

Department _____

Duties _____

Reason for Leaving _____

EMPLOYER 2 _____

Address _____

Telephone _____

Position _____

Dates of Employ (MM/YY Format) From: _____ To: _____



Date:

Final Salary _____

Supervisor _____

Department _____

Duties _____

Reason for Leaving _____

EMPLOYER 3 _____

Address _____

Telephone _____

Position _____

Dates of Employ (MM/YY Format) From: _____ To: _____

Final Salary _____

Supervisor _____

Department _____

Duties _____

Reason for Leaving _____

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

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APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Salud Revenue Partners to verify their accuracy and to obtain reference information on my work performance. I hereby release Salud Revenue Partners from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant

Date

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