



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, veteran status or status in accordance with applicable federal, state and local laws.

Name: _____
First Middle Last

Other Names Used: _____

Address: _____
Street City State Zipcode

Country: _____ County: _____

Home Phone: _____ Cell Phone: _____

Best Time To Reach You: _____ Email: _____

Position: _____ Data Available: _____

Desired Salary: _____ Referred By: _____

EDUCATION

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

High School: _____ Diploma: ____ Yes ____ No ____ GED
HS Name City/State

College and/or Vocational Schools: #of Years Completed: 1 2 3 4 (Circle One)
School(s): _____
City/State

Major: _____ Degrees Earned: _____

Other Training, Degrees, Or Certifications

School(s): _____
City/State

Area of Study: _____

Degrees/Certifications Earned: _____

Please rate your comfort level on a scale of 1-5 (5 being extremely comfortable) on the following:

Using Computer: _____ Using Internet for Research: _____

Microsoft Word: _____ Microsoft Excel: _____

Microsoft PowerPoint: _____ Microsoft Access: _____

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Date:

List any other software or relevant skills:

OTHER INFORMATION

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.

Have you ever been employed or applied to a position at Salud? _____ Yes _____ No

Do you have any relatives that are employed by Salud? _____ Yes _____ No

If yes, who: _____

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

If yes, please explain: _____

EMPLOYMENT

Most Recent Employer 1: _____

Address: _____

Position: _____

Supervisor: _____

Dates of Employment: Started: _____ Ended: _____

Department: _____

Duties: _____

Reason for Leaving: _____

May we contact your present employer? _____ Yes _____ No

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Date: _____

Employer 2:

Address: _____

Position: _____

Supervisor: _____

Dates of Employment: Started: _____ Ended: _____

Department: _____

Duties: _____

Reason for Leaving: _____

Employer 3:

Address: _____

Position: _____

Supervisor: _____

Dates of Employment: Started: _____ Ended: _____

Department: _____

Duties: _____

Reason for Leaving: _____

If you wish to describe additional work experience, please attach to this application.

Explain any gaps in work history: _____



Date:

APPLICANT'S CERTIFICATION AND AGREEMENT

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice.

Signature of Applicant: _____

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