



Integrated Wellness Group
 446A Blake Street
 Suite 200
 New Haven, CT 06515
 (203)387-9400

Application for Employment

It is a policy of Integrated Wellness Group to be an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or other legally protected status.

General Information

NAME: (Last, First, Middle)		DATE:	
Home Address:		Home Telephone #	
City, State, Zip		Cellular Telephone #	
Are you legally eligible for employment in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain		Email Address:	
In case of an emergency please contact _____ <div style="display: flex; justify-content: space-around; width: 100%;"> Name Telephone # </div>			
Position Applying For:	Date Available to Start:		
Have you ever been employed by Integrated Wellness Group in the past? <input type="checkbox"/> Yes Where: _____ When: _____ <input type="checkbox"/> No			
Have you ever applied to Integrated Wellness Group in the past? <input type="checkbox"/> Yes Where: _____ When: _____ <input type="checkbox"/> No			
Are you employed now? <input type="checkbox"/> Yes May we contact your employer? ___ Yes ___ No <input type="checkbox"/> No		Desired Salary:	
Referral Source: How did you hear about us?			
Type of employment desired: (circle all that apply) Full-Time Part-Time Temporary Seasonal Educational Co-Op			
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Please list days available: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			

Education

School Name, City & State	Years Completed	Course/Major	Diploma/Degree
High School:			
College:			
Graduate School:			
Other:			

Skills and Qualifications

Summarize any special Trainings, Skills, Licenses/Certifications or activities: (You may exclude any organizations names which indicate race, color, religion, creed, gender, nation origin, disability, age, or other protected class.)

What foreign languages do you speak fluently? _____

Have you ever served in the U. S. Armed forces? ___ Yes ___ No

What type of discharge did you receive? _____

Branch _____ Date of Active duty _____

Employment History

Start with your most recent employer, provide the following information. This must be completed regardless of submission of a resume.

Employer	Telephone Number ()	Dates of employment	Month /	Year /	to	Month /	Year /
Street Address	City	State	Zip				
Job Title							
Immediate Supervisor and Title						May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Reason for leaving:							
Summarize job responsibilities:							
Employer	Telephone Number ()	Dates of employment	Month /	Year /	to	Month /	Year /
Street Address	City	State	Zip				
Job Title							
Immediate Supervisor and Title						May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Reason for leaving:							
Summarize job responsibilities:							
Employer	Telephone Number ()	Dates of employment	Month /	Year /	to	Month /	Year /
Street Address	City	State	Zip				
Job Title							
Immediate Supervisor and Title						May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Reason for leaving:							

References

List below the names of three business related references, whom you have known for at least two years.

Name	Address & Phone	Occupation	Years known

Applicant Statement

I certify that all information provided in this application is true and correct. I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This may include educational institutions, former employers, representatives of organizations, criminal background checks, and/or driving records. I understand that Integrated Wellness Group reserves the right to not extend an offer of employment or retract an offer based on this investigation.

I understand that any misrepresentation or omission of facts in any respect in my application or interview, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from employment, whenever it is discovered.

I certify that I have read the above statement and fully understand and accept all terms.

Signature of Applicant: _____ Date: _____