

# Premier Wellness Group, LLC

<b>Personal Information</b> (Please Print)			
Name			
(Last)	(First)	(Middle)	
Address			
(City)		(State)	(Zip)
Phone Number: (home)		(cell)	
Date of Birth:		Social Security Number:	

<b>Desired Employment</b>			
Position		Start Date	
Are you currently employed?    Yes    No    If yes where?			
Who referred you to this company? (circle one)    Employment Agency    Friend    Walk-in    Advertisement    Other			
<b>Education</b>	# of Years	Graduate?	Subject Studied
High School			
College			
Other			

<b>General Information</b>			
<b>Employment History</b> (Please list the last three employers starting with the most recent one first)			
Name of Previous Employer		Phone Number	
Address			
Starting Date	Ending Date	Job Title	
Starting Pay	Ending Pay	May we contact your supervisor?	
Name of Supervisor			
Description of Work			
Reason for Leaving			
Name of Previous Employer		Phone Number	
Address			
Starting Date	Ending Date		
Starting Pay	Ending Pay		
Name of Supervisor			
Description of Work			
Reason for Leaving			
Name of Previous Employer		Phone Number	
Address			
Starting Date	Ending Date		
Starting Pay	Ending Pay		
Name of Supervisor			
Description of Work			
Reason for Leaving			

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Have you ever been convicted of a felony? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

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<b>References</b> (Please list three persons you have known for over a year whom you are not related to)			
<b>Name</b>	<b>Business (Their Occupation)</b>	<b>Phone Number</b>	<b># of Years</b>

<b>Service Record</b>		
<b>Branch of Service</b>	<b>Discharge Date</b>	<b>Rank</b>

### Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that if employed falsified statements of this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information they have, personal and otherwise, and to release the company of all liability for any damage that may result from utilization of such information.

I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified company representative.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date