



# Heart of Hope Health

*Healthcare Freedom*

8944 N HESS ST. SUITE A HAYDEN, ID 83835  
INFO@HEARTOFHOPEHEALTH.COM

Thank you for your interest in working with us at Heart of Hope Health (HHH). We are blessed to know you want to become an integral and vital component of the much larger vision of creating a paradigm shift in healthcare focused on true preventive medicine and providing treatments based upon the most unbiased published clinical science open to substantiated alternative approaches free from insurance company restrictions placing our patients in control of their healthcare. It's a vision much bigger than all of us and we are honored to be helping to forge this new path committed to benefiting everyone.

### **Interests/Motivations**

- 1) What attracts you to HHH and your most important reason for applying?
  
  
  
  
  
  
  
  
  
  
- 2) What do you hope to achieve or accomplish while working with HHH?
  
  
  
  
  
  
  
  
  
  
- 3) What are your long-range professional goals?
  
  
  
  
  
  
  
  
  
  
- 4) What do you like most about being a healthcare provider?
  
  
  
  
  
  
  
  
  
  
- 5) What aspect of care that you provide to patients do you consider most important?
  
  
  
  
  
  
  
  
  
  
- 6) What do you least like about providing healthcare to patients?

## Personal Information

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: 000-000-0000 (in person only) Driver's License: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Weekly Availability: \_\_\_\_\_

Ideal Schedule: \_\_\_\_\_

Any Special Scheduling Considerations?

Are you a U.S. Citizen? Yes/No

\*If not, are you allowed to work in the U.S.? Yes/No

Have you ever worked for this employer? Yes/No

If yes, write dates you worked here: \_\_\_\_\_

Have you ever been convicted of a felony? Yes/No

If so, please attach a letter of explanation \_\_\_\_\_

## Education

Any Special Interests: \_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_

Any Specialty Certifications/Skills: \_\_\_\_\_

Active & Unencumbered Professional Licenses: \_\_\_\_\_

## Background

1) As an applicant, will you consent to a background check? Yes/No

2) Do you attest to the fact that your professional licensure is active and unencumbered?

Yes/No/NA

If not, please explain.

3) Has your professional license ever been revoked, restricted, denied or removed? If so please explain.

4) Have you ever been denied hospital/clinic or other privileges?

5) Are there any past, current or pending legal judgments, lawsuits, and the like concerning your professional behavior or professional practice?

6) Have you ever been convicted of a crime or felony and penalized other than traffic tickets?

## References

Please provide three professional references we can call concerning your previous employment.

- 1) \_\_\_\_\_ phone
- 2) \_\_\_\_\_ phone
- 3) \_\_\_\_\_ phone

## Employment History

Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Starting Hourly Wage: \_\_\_\_\_ Ending Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Starting Hourly Wage: \_\_\_\_\_ Ending Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Duties: \_\_\_\_\_

Starting Hourly Wage: \_\_\_\_\_ Ending Hourly Wage: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

By Signing below, you acknowledge that Heart of Hope Health is an Equal Opportunity Employer and that we do not discriminate against applicants based on their age, sex, race, color, creed, gender, religion, disability, or any other God given uniqueness.

I, \_\_\_\_\_, the applicant, agree that my statements in this application are honest and truthful to the best of my ability. I also acknowledge that if I become employed or volunteer at Heart of Hope Health and it is found to be that I have falsified information in this document, I may be excused from service based upon that revelation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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