



HEALTH GROUP, INC.

395 S. Glen Ellyn Rd.
Bloomingdale, IL 60108
Phone: 630-545-9098
E-mail: jobs@nowfoods.com
Web Site: www.nowfoods.com



APPLICATION FOR EMPLOYMENT

NAME LAST FIRST MIDDLE

ADDRESS STREET (INCLUDE APT. NO.) CITY STATE ZIP

HOME PHONE BEST TIME TO CALL

CELL PHONE OR ALTERNATE CONTACT PHONE

E-MAIL ADDRESS

POSITION APPLIED FOR SALARY DESIRED

HOURS/DAYS AVAILABLE

Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

() FULL TIME () 1ST SHIFT () 2ND SHIFT () 3RD SHIFT
() PART TIME () 1ST SHIFT () 2ND SHIFT () 3RD SHIFT

WOULD YOU BE WILLING TO WORK EVENINGS? SATURDAYS? SUNDAYS?

Are you legally eligible for employment in the U.S.A.? () Yes () No
Are you over 18 years of age? () Yes () No
Do you know any employees of this company? () Yes () No

IF YES, who?

How did you hear about our company?

() Employment Agency () Newspaper Name
() Walk In () Other
() Referred by current employee: Name

Have you been convicted of a felony in the last 10 years? () Yes () No

IF YES, please explain

EMPLOYMENT HISTORY

List each job held, starting with your present or last job; include any volunteer activities that may be applicable.

Employer Information	Dates of Employment	Salary	Immediate Supervisor
Employer	From	Starting	Name
City/State Phone	To	Ending	Phone
Job duties			
Reason for Leaving			
Employer	From	Starting	Name
City/State Phone	To	Ending	Phone
Job duties			
Reason for Leaving			
Employer	From	Starting	Name
City/State Phone	To	Ending	Phone
Job duties			
Reason for Leaving			

Have you ever been dismissed, suspended or allowed to resign in lieu of discharge? Yes No
 IF YES, please explain _____

EDUCATION*

List all education received in U.S.A. or any other country.

	Name & Location	No. of Years	Degree Received	Major Subject
High School				
College				
Graduate School				
Other				

COMPUTER SKILLS

	Classroom or On-the-Job Training		Proficiency Level		
	Yes	No	Beginning	Intermediate	Advanced
	Microsoft Word				
Excel					
Power Point					
Outlook					
Basic Computer Skills					
Other: _____					

SPECIAL SKILLS OR TRAINING (That may qualify you for work with our company)

BUSINESS REFERENCES

(Managers, Supervisors, Leads, Co-workers)

Name	Company	Title	Phone

* This information will not be used in violation of any federal, state or local equal employment opportunity law.



395 S. Glen Ellyn Rd.
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Fax: 630-545-0117



EQUAL OPPORTUNITY STATEMENT

NOW Health Group, Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, age, national or ethnic origin, or disability.

PRE-EMPLOYMENT STATEMENT

I understand that as part of the normal procedure for processing my employment application, an investigative consumer report may be prepared and I have the right to make a written request to receive detailed information about the nature and scope of this investigation. I authorize the company and its agents to verify the information on this application. I authorize all persons, schools, companies and law enforcement authorities to release information concerning my background, and I hereby release them from any liability for any damage whatsoever for issuing this information.

In the event that I am hired, I understand that my employment can be terminated with or without cause, and with or without notice, at any time at the option of either the company or myself. I understand that no employee or agent of the company other than the President is authorized to offer me an employment relationship other than one which is terminable at will. I further understand that any deliberate misstatement of fact or omission from this application will result in my immediate dismissal.

If employed, I further agree to comply with all company rules, policies and procedures, including those pertaining to patent/invention matters, conflict of interest, health, safety and security, and non-smoking within the facility.

Applicant's Signature

Date