

Job Application

Our mission is to provide the highest quality respiratory care and service to our patients, while keeping the patients rights, well-being and quality of life as the foremost consideration. This is why we are so selective when bring in a new employee to the Triad Respiratory family.

It is our goal to hire dedicated people who are aligned with our mission and values and strive to maintain the highest standard of quality care and service for our clients.

Our employees are our greatest assets. We offer very competitive compensation, benefits packages, and retirement savings programs.

Fill out the application below to become part of our staff!
[View Our Job Requirements](#) before proceeding.

APPLICATION OF EMPLOYMENT OF WORK AT TRIAD RESPIRATORY SERVICES

Equal
Opportunity Employer

Date

PERSONAL INFORMATION

Name

Phone

Address

Cell
Phone

City

Previous
Address

State

City

Zip
Code

State

IDENTIFICATION

Social
Security #

Other
ID

Drivers
License Number

State

Any
Violations?

Type

Have You
Been Convicted of a Crime?
Select

One Yes
No

When?

Explain

EMPLOYERS

Company

Date
Start

Address

Stop

City

Phone
#

State

Supervisor

Position

Pay
Rate

Why Did You
Leave?

Company

Date
Start

Address

Stop

City

Phone
#

State

Supervisor

Position

Pay
Rate

Why Did You
Leave?

Company

Date
Start

Address

Stop

City

Phone
#

State

Supervisor

Position

Pay
Rate

Why Did You
Leave?

**WORK HISTORY RELEASE
AUTHORIZATION**

By checking this box, I am authorizing the release of my employment history and any information concerning my employment with any company or entity where I am or have been employed. This information is to be released to Triad Respiratory Solutions.

AVAILABILITY TO WORK

Morning

Afternoon

Evening

Weekend

EDUCATION

Jr. High

City

Grade Completed

State

Date

Sr. High

City

Grade Completed

State

Date

College

City

Grade Completed

State

Date

Other Training

City

Grade Completed

State

Date

**PHYSICAL
RECORD**

Do you have any physical conditions that may limit your ability to perform the job you applied for?

Select One

Yes

No

If you have a limitation, what is it?

Have you filed any workman

compensation claims?

Select One

Yes

No

If you have filed claims,
why?

Are you presently under a
physician's care?

Select One

Yes

No

Why?

PERSONAL REFERENCES

Name

State

Address

Phone

City

Name

State

Address

Phone

City

IN CASE OF EMERGENCY
NOTIFY

Name

State

Address

Phone

City

Relation

AUTHORIZATION

By checking this box, I authorized the investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages/salary, be terminated at any time without any previous

notice.

TRIAD RESPIRATORY

**SOLUTIONS IS AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF
NON-DISCRIMINATION IN EMPLOYMENT ON BASIS, INCLUDING RACE, CREED,
COLOR, AGE, SEX, RELIGION OR NATION ORIGIN.**