

Family Health Center Application for Employment

Family Health Center is committed to attracting and retaining a diverse workforce that represents the diversity of the communities in which we operate, of our clients, and of their constituents. To support our commitment, we have implemented business policies, a policy of equal employment opportunity, and human resources practices designed to ensure full realization of employment opportunity without regard to race, color, age, religion, sex, national origin, citizenship, disability, sexual orientation, marital status, veteran status and pregnancy or other characteristics to the extent protected by Federal, state or local law. Decisions about recruitment, hiring, training, promotions, compensation benefits, and other human resources practices will be based on individual merit. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name: _____ Social Security #: _____ - _____ - _____

Address: _____

Permanent Address (if different): _____

Phone #: (____) _____

Other Phone #: (____) _____

Email Address: _____

Position(s) Applied For: _____ Date of Application: ____/____/____

Type of Employment Desired: Full-Time Part-Time Other _____

Date Available for Work: ____/____/____ Referral Source: _____

Desired Salary Range: \$ _____ to \$ _____ per _____

Are you able to meet the attendance requirements of the position(s)? Yes No

Are you willing to work overtime? Yes No

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain: _____

Have you ever been employed with Family Health Center before? Yes No

If yes, specify dates, location(s) and position(s): _____

Are you legally eligible for employment in this country? Yes No

Have you ever been convicted of a crime? Yes No

If yes, please provide date(s) and details: _____

Answering "Yes" to the above question does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered by the hiring manager and Human Resources.

If driving is an essential job function, Driver's License #: _____ State: _____

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Skills

Summarize any skills and knowledge you have that may qualify you as being able to perform job-related functions in the position for which you are applying:

Licenses/Certifications

Are you currently:

Registered Licensed Certified

Are you eligible for:

Registration Licensure Certification

Professional Registrations, Licenses, Certifications	State	ID Number	Expiration Date

Employment History

Provide the following information of your past three employers, assignments or volunteer activities, starting with the most recent.

Employer Name	Job Title	Dates From To
Address	Pay Starting \$ Per Final \$ Per	Immediate Supervisor and Title May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # ()	Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		
Employer Name	Job Title	Dates From To
Address	Pay Starting \$ Per Final \$ Per	Immediate Supervisor and Title May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # ()	Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		

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Employer Name	Job Title	Dates From To
Address	Pay Starting \$ Per Final \$ Per	Immediate Supervisor and Title May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone # ()	Summarize the nature of work performed and job responsibilities:	
Reason for Leaving		

Please explain any gaps in employment, other than those due to personal illness, injury or disability:

If not included above, have you ever been fired or asked to resign from a job? Yes No

If yes, please explain: _____

Education

Name	Location	# of Years Completed	Degree or Diploma/Course of Study
High School			Diploma Received? <input type="checkbox"/> Yes <input type="checkbox"/> No
College			Degree:
Other			

References

Name	Relationship	Phone #	Length of Time Known
		()	
		()	
		()	
		()	

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Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application, or immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview.

I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or Federal law.

I understand that this application remains current for only **Number of Days on File** days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by an authorized company officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that Federal immigration laws require me to complete Form I-9 in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____