



# Family Health Center Application for Employment

## 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.

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

AN EQUAL OPPORTUNITY EMPLOYER

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

**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			<b>Diploma Received?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
College			<b>Degree:</b>
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 90 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** \_\_\_\_\_