



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Department at HFHC.

Personal Information (Please type or print)

Position(s) applied for: _____ **Date of application (mm/dd/yy):** _____

Referral source:

<input type="checkbox"/> Printed ad <input type="checkbox"/> Web site ad <input type="checkbox"/> HFHC employee <input type="checkbox"/> Relative	<input type="checkbox"/> Government Employment Agency <input type="checkbox"/> Private Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Other
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Name of source (if applicable): _____

NAME

Last	First	Middle
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ADDRESS:

Street	City	State	Zip
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Home Phone: _____ **When is the best time to contact you?**

AM PM

Cell Phone: _____ **E-mail Address:** _____

_____ _____

If you are under 18 can you furnish a work permit if needed? Yes No If no, please explain:

Have you submitted an application here before? Yes No If yes, give date(s) and position(s) for which you applied:

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

Date available for work: _____ **Desired salary range:** _____

Type of employment desired:

<input type="checkbox"/> Full-Time	<input type="checkbox"/> Seasonal
<input type="checkbox"/> Part-Time	<input type="checkbox"/> Educational
<input type="checkbox"/> Temporary	<input type="checkbox"/> Co-op/Internship

Will you relocate if job requires it? Yes No

Can you perform the functions of this job with reasonable accommodation? Yes No

Will you work overtime if required? Yes No If no, please explain:

Driver's license number (if driving is a part of the job) _____ **Number:** _____ **State:** _____

Employment History

(Hurtt Family Health Clinic IS AN EQUAL OPPORTUNITY EMPLOYER)

Provide the following information of your past and current employers, as well as assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

EMPLOYER #1 (MOST RECENT)

Name:	Address:	
Phone:	Dates — From:	To:
Title — Starting:	Title Ending:	
Summarize type of work performed and job responsibilities:		
Immediate supervisor and title:	Reason for leaving:	
May we contact this reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Later

EMPLOYER #2

Name:	Address:	
Phone:	Dates — From:	To:
Title — Starting:	Title Ending:	
Summarize type of work performed and job responsibilities:		
Immediate supervisor and title:	Reason for leaving:	
May we contact this reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Later

EMPLOYER #3

Name:	Address:	
Phone:	Dates Employed — From:	To:
Title — Starting:	Ending:	
Summarize type of work performed and job responsibilities:		
Immediate supervisor and title:	Reason for leaving:	
May we contact this reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Later

EMPLOYER #4

Name:	Address:	
Phone:	Dates — From:	To:
Title — Starting:	Ending:	
Summarize type of work performed and job responsibilities:		
Immediate supervisor and title:	Reason for leaving:	
May we contact this reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Later

COMMENTS (INCLUDING GAPS IN EMPLOYMENT):

Skills and Qualifications

Summarize any special training skills (computer), licenses (M.A., M.D.) and/or certificates (CPR, BLSC) that may qualify you as being able to perform job-related functions in the position for which you are applying:

Educational Background (job-related)

List last three (3) schools attended, starting with most recent.

School (name and address)	Years Attended	Degree/Diploma Received (Y or N)	GPA	Major (college)	Minor (College)

References

List names and telephone numbers of three business/work references who are NOT related to you and who are NOT previous supervisors. If not applicable, list three unrelated personal references.

Name	Phone#	Years Known

Additional Information

List professional trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other protected status.

- 1.
- 2.
- 3.
- 4.

List any additional information you would like us to consider

Applicant Statement

I certify that all information 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 (i) cancel further consideration of this application, or (ii) 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 **30 days**. At the end 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.

Hurt Family Health Clinic, Inc. is an at-will employer and 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, except as may be required by law. 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 the employer's president.

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 an I-9 Form 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. By signing this application form, I do hereby give my consent to allow Hurt Family Health Clinic, Inc. to conduct a pre-employment background reference check and credit check.

Signature of Applicant

Date