## BRINGING COMMUNITY AND HEALTHCARE TOGETHER

## **EMPLOYMENT APPLICATION**

| APPLICANT INFORMATION                      |  |                |              |          |      |  |
|--|--|----------------|--------------|----------|------|--|
| Last Name                                  | First  |                |              | M.I.     | Date |  |
| Street Address Apartment/Unit #            |  |                |              |          |      |  |
| City                                       |  | State Zip      |              |          |      |  |
| Phone                                      |  | E-mail Address |              |          |      |  |
| Date Available                             |  | Desired Salary |              |          |      |  |
| Position Applied For                       |  |                |              |          |      |  |
| Are you a citizen of the United States?    | If no, are you authorized to work in the US? □YES □ NO |                |              |          |      |  |
| Have you ever worked for this company?     | If so, when?   |                |              |          |      |  |
| Have you ever been convicted of a felony?  | If yes, explain.                                       |                |              |          |      |  |
| Totolly                                    |  |                |              |          |      |  |
| EDUCATION                                  |  |                |              |          |      |  |
| High School                                |  | Address        |              |          |      |  |
| From To Did you                            | graduate?  | S 🗆 NO         | Degree       |          |      |  |
| College                                    |  | Address        |              |          |      |  |
| From To Did you                            | graduate?   YE   | S 🗆 NO         | Degree       |          |      |  |
| Other                                      |  | Address        |              |          |      |  |
| From To Did you                            | graduate?   YE   | S 🗆 NO         | Degree       |          |      |  |
| REFERENCES                                 |  |                |              |          |      |  |
| Please List three professional references. |  |                |              |          |      |  |
| Full Name                                  |  |                | Relationship |          |      |  |
| Company                                    |  |                | Pho          | ne (     | )    |  |
| Address                                    |  |                |              |          |      |  |
| Full Name                                  |  |                | Rela         | tionship |      |  |
| Company                                    |  |                | Pho          | ne (     | )    |  |
| Address                                    |  |                |              |          |      |  |
| Full Name                                  |  |                | Rela         | tionship |      |  |
| Company                                    |  |                | Pho          | ne (     | )    |  |
| Address                                    |  |                | <u> </u>     |          |      |  |

## BRINGING COMMUNITY AND HEALTHCARE TOGETHER

| Phone ( )   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Supervisor  |  |  |  |  |  |  |
| Starting Salary \$  | Ending Salary \$   |  |  |  |  |  |
|   | ,  |  |  |  |  |  |
| Reason for Leaving  |  |  |  |  |  |  |
| May we contact your previous supervisor for reference? ☐ YES ☐ NO   |  |  |  |  |  |  |
| Phone ( )   |  |  |  |  |  |  |
| Supervisor  |  |  |  |  |  |  |
| Starting Salary \$  | Ending Salary \$   |  |  |  |  |  |
| Responsibilities  |  |  |  |  |  |  |
| Reason for Leaving  |  |  |  |  |  |  |
| May we contact your previous supervisor for reference? ☐ YES ☐ NO   |  |  |  |  |  |  |
| Phone ( )   |  |  |  |  |  |  |
| Supervisor  |  |  |  |  |  |  |
| Starting Salary \$  | Ending Salary \$   |  |  |  |  |  |
| Responsibilities  |  |  |  |  |  |  |
| Reason for Leavi  | ing  |  |  |  |  |  |
| May we contact your previous supervisor for reference? ☐ YES ☐ NO   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| From  | То   |  |  |  |  |  |
| Type of   | Type of Discharge  |  |  |  |  |  |
| If other than honorable, explain  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| DISCLAIMER AND SIGNATURE  |  |  |  |  |  |  |
| I certify that my answers are true and complete to the best of my knowledge.  |  |  |  |  |  |  |
| If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |  |  |  |  |  |  |
|   | Date   |  |  |  |  |  |
|   | Supervisor  Starting Salary S  Reason for Leav  Phone ( )  Supervisor  Starting Salary S  Reason for Leav  YES   Phone ( )  Supervisor  Starting Salary S  Reason for Leav  TyES   From  Type of |  |  |  |  |  |