

LONG VALLEY HEALTH CENTER

An Equal Opportunity Employer

Employment Application

NOTICE TO APPLICANTS: Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

Please Print

Date _____

Name _____

Last

First

Middle

Business Telephone (____) _____ Home Telephone (____) _____

Cell Telephone (____) _____ email address: _____

Mailing Address _____

No.

Street

City

State

Zip

Permanent Address if different from present address

No.

Street

City

State

Zip

Any other names used? _____

Preferred method of contact: _____

Employment Desired

Position applying for: _____

How did you hear about this position? _____

Are you applying for:

Regular full-time work? Yes ___ No ___

Regular part-time work? Yes ___ No ___

Temporary work, e.g., summer or holiday work? Yes ___ No ___

What days and hours are you available for work? _____

If applying for temporary work, during what period of time will you be available?

From _____

Are you available to work overtime, if necessary? Yes ___ No ___

If hired, on what date can you start work? _____

Personal Information

Have you ever applied to or worked for Long Valley Health Center before? Yes___ No___

If yes, when? _____

Do you have any friends or relatives working for Long Valley Health Center? Yes___ No___

If yes, state name(s) and relationship _____

Why are you applying for work at Long Valley Health Center? _____

If hired, would you have a reliable means of transportation to and from work? Yes___ No___

Are you at least 18 years old? Yes___ No___
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes___ No___

Are you able to perform the essential functions of the job for which you are applying? Yes___ No___

If no, describe the functions that cannot be performed. _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? Yes___ No___

If no, describe the functions that cannot be performed. _____

(Note: Hire may be subject to passing a medical examination, and to skill and agility tests.)

Are you currently employed? Yes___ No___

If so, may we contact your current employer? Yes___ No___

(more)

Education, Training and Experience

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				
Health Care				

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? Yes___ No___

If yes, which language(s)? _____

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Long Valley Health Center? If so, please explain.

Answer the following questions if you are applying for a professional position

Are you licensed/certified for the job applied for? Yes___ No___

Name of license/certification _____

Issuing state _____

License/certification number _____

Has your license/certification ever been revoked or suspended? Yes___ No___

If yes, state reason(s), date of revocation or suspension and date of reinstatement. _____

(more)

Employment History

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

Name of Employer _____
Address _____
Type of Business _____
Telephone No. (_____) _____ Your Supervisor's Name _____
Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of Employer _____
Address _____
Type of Business _____
Telephone No. (_____) _____ Your Supervisor's Name _____
Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of Employer _____
Address _____
Type of Business _____
Telephone No. (_____) _____ Your Supervisor's Name _____
Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Name of Employer _____

Address _____

Type of Business _____

Telephone No. (_____) _____ Your Supervisor's Name _____

Your Position and Duties _____

Date of Employment: From _____ To _____

Reason for Leaving: _____

Note: Attach additional page(s) if necessary.

(more)

Military Service

Have you obtained any special skills or abilities as the result of service in the military? ... Yes___ No___

If so, describe: _____

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name _____
 No. Street City State Zip
Address _____
Occupation _____
Telephone No.(_____) _____ Number of Years Acquainted _____

Name _____
 No. Street City State Zip
Address _____
Occupation _____
Telephone No.(_____) _____ Number of Years Acquainted _____

Name _____
 No. Street City State Zip
Address _____
Occupation _____
Telephone No.(_____) _____ Number of Years Acquainted _____

(more)

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and, there are no other agreements as to dispute resolution, either oral or written.

_____ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

_____ I understand that I will be required to pass a drug test, before a final offer of employment is made. By signing my name below, I consent to this procedure.

Date _____ Applicant's Signature _____