



CommunityHealth

& EMERGENCY SERVICES

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For:	Date of Application:
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk In
	<input type="checkbox"/> Other: _____

Last Name	First Name	Middle Name
Address	Number	Street
	City	State
	ZIP Code	
Telephone Number(s)	Social Security Number	

If you are under 18 years of age, can you provide the required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? _____
Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

Indicate any foreign language(s) you can speak, read and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training, received in the United States Military.

Employment Experience

Start with your present or last job. Include and job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

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		From	To	
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		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

Check Skills/Equipment Operated

		Production/Mobile Machinery (List):	Other (List)
<input type="checkbox"/> Outlook Email	<input type="checkbox"/> Scanning		
<input type="checkbox"/> NextGen	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> FAX	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Microsoft Word	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities in such a job or occupation is attached.

_____ Yes _____ No

References

1.	_____	_____
	(Name)	(Phone Number)

	(Address)	
2.	_____	_____
	(Name)	(Phone Number)

	(Address)	
3.	_____	_____
	(Name)	(Phone Number)

	(Address)	
4.	_____	_____
	(Name)	(Phone Number)

	(Address)	

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at anytime and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledge in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to aide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

Employed Yes No Date of Employment _____ Interviewer _____ Date _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____ NAME AND TITLE DATE

NOTES _____

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open Yes No

Position Applied For: _____

_____ DATE

NOTES: