

## HEATH VILLAGE/HEATH CARE MANAGEMENT APPLICATION FOR EMPLOYMENT

*Applicants will be considered for all positions without regard to race, color, age, religion, creed, gender, national origin, marital or veteran status, or handicap or any other legally protected status.*

Position(s) Applied For	Date of Application
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
<b>Referral Source:</b>	
<input type="checkbox"/> Radio Advertisement <input type="checkbox"/> Relative/Friend <input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Heath Employee <input type="checkbox"/> Heath Village Job Fair <input type="checkbox"/> Other
_____	Name of Employee
_____	
Name of Paper	

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address</b>	<b>Street</b>	<b>City</b>
		<b>State</b>
		<b>Zip Code</b>
<b>Telephone Number(s)</b>		<b>Social Security Number</b>

		(Select One)		
<b>1.</b>	If you are under 18 years of age, can you provide proof of your eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>2.</b>	Have you ever been employed with us before? If yes, give dates: _____ Supervisors Name: _____ Reason for leaving: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>3.</b>	Are you a U.S. Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>4.</b>	If not a U.S. Citizen, do you have the legal right to remain permanently and work in the U.S.? Alien Registration No. _____ <small>Proof of citizenship or immigration status will be required upon employment.</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>5.</b>	Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>6.</b>	May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>7.</b>	Are you available for weekends?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Are you available for Holidays?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>8.</b>	What shift do you prefer?	Day	Evening	Night
<b>9.</b>	Certain job positions require Drivers Licenses as an essential element of that position. Lack of driver's license does not disqualify an applicant from employment in other jobs. Drivers License Number _____ Expiration Date _____			
<b>10.</b>	Have you been convicted of a crime in the past 5 years, which has not been sealed or expunged from your record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Education**

School	Name & Address	Course of Study	Number of Years Completed	Did you graduate? Yes or No	Diploma/Degree
High School					
Undergraduate School					
Graduate/Professional					
Other (Specify)					

**Professional License/Certification Number:**

**WORK EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
Starting/ Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
Starting/ Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	<b>Dates Employed</b>		<b>Work Performed</b>
	<b>From</b>	<b>To</b>	
Address			
Telephone Number(s)	<b>Hourly Rate/Salary</b>		
	<b>Starting</b>	<b>Final</b>	
Starting/ Present Job Title			
Supervisor			
Reason for Leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>PERSONAL/PROFESSIONAL REFERENCES</b>		<i>Do not include relatives or former employers already listed.</i>	
<b>Name</b>	<b>Phone Number</b>	<b>Address</b>	<b>Years Known</b>
1.			
2.			
3.			

**APPLICANT'S STATEMENT** – *I understand that any employment by this facility will be on a 90-day introductory basis, and acknowledge that just as I am free to resign at any time, my employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. If employed by Heath Village or Heath Care Management, I agree to abide by its rules and regulations.*

*The above information is complete and true to the best of my knowledge, and I understand that misrepresentation or omission of facts herein will be cause for immediate dismissal.*

*I authorize this facility to contact any and/or all of my references for full information.*

*I understand all entering employees are subject to a medical examination, and job offer is contingent upon medical clearance by the examining physician. I agree that the examining physician may disclose the findings to this facility through our authorized agent of the facility.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

06/2007  
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