

Application For Employment



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Name _____
LAST FIRST MIDDLE

Address _____
NUMBER STREET CITY STATE ZIP CODE

Telephone () _____ Social Security Number

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AREA CODE

If employed and you are under 18, can you furnish a work permit? Yes

Have you filed an application here before? Yes No If Yes, give date _____

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

Are you employed now? 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?
(Proof of citizenship or immigration status may be required upon employment) Yes No

On what date would you be available for work? _____

Are you available to work Full Time Part-Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Are you related to anyone who is employed by Primary Health Services Center or a member of the Board of Directors? Yes No If so, who and what is the relationship? _____

Have you been convicted of a felony? Yes No
(Conviction will not necessarily disqualify applicant from employment)
 If Yes, please explain _____

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate Race, color, religion, sex or national origin): _____

Please provide 3 professional references who can speak directly to your work abilities.

NAME	JOB TITLE	ORGANIZATION	ADDRESS	PHONE #

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps.

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and the veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

- Handicapped Individual Disabled Veteran Vietnam Era Veteran

Signed _____

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study:				
Describe Specialized Training, Apprenticeship, Skills, and Extra-curricular Activities				

Honors Received: _____

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

Applicant's Statement

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

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment.

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 abide by all rules and regulations of Primary Health Services Center, Incorporated.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks

Yes

No

Employed Yes No

Date of Employment _____

Job Title _____

Hourly Rate/Salary _____ Department _____

By

NAME AND TITLE

DATE

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer Telephone ()	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer Telephone ()	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer Telephone ()	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer Telephone ()	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

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

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience. _____

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Positions applied for: _____

Referral Source:

Advertisement Friend Relative Walk-In

Employment Agency Other _____

Name _____ Phone (____) _____
Last First Middle Area Code

Address _____
Number Street City State Zip Code

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

DATE _____