

# 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 \_\_\_\_\_  
AREA CODE

If employed and you are under 18, can you furnish a work permit?  Yes  No

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

Are you related to anyone who is employed by Primary Health Services Center or a member of the Board 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): \_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers.

**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 \_\_\_\_\_

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. \_\_\_\_\_

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# 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 \_\_\_\_\_

Position(s) 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 \_\_\_\_\_