



# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resource Department at HFHC.

**Personal Information** (Please type or print)

**Position(s) applied for:** \_\_\_\_\_ **Date of application (mm/dd/yy):** \_\_\_\_\_

**Referral source:**  Printed ad  Government Employment Agency  
 Web site ad  Private Employment Agency  
 HFHC employee  Walk-in  
 Relative  Other

**Name of source (if applicable):** \_\_\_\_\_

NAME			
Last	First	Middle	
ADDRESS:			
Street	City	State	Zip
Home Phone:		When is the best time to contact you?	
		<input type="checkbox"/> AM	<input type="checkbox"/> PM

**Cell Phone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

If you are under 18 can you furnish a work permit if needed?  Yes  No If no, please explain:

Have you submitted an application here before?  Yes  No If yes, give date(s) and position(s) for which you applied:

Are you legally eligible for employment in this country?  Yes  No

**Date available for work:** \_\_\_\_\_ **Desired salary range:** \_\_\_\_\_

**Type of employment desired:**  Full-Time  Seasonal  
 Part-Time  Educational  
 Temporary  Co-op/Internship

Will you relocate if job requires it?  Yes  No

Can you perform the functions of this job with reasonable accommodation?  Yes  No

Will you work overtime if required?  Yes  No If no, please explain:

Driver's license number ( if driving is a part of the job) \_\_\_\_\_ Number: \_\_\_\_\_ State: \_\_\_\_\_

## Employment History

(Hurtt Family Health Clinic IS AN EQUAL OPPORTUNITY EMPLOYER)

Provide the following information of your past and current employers, as well as assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in the comments section below.

### EMPLOYER #1 (MOST RECENT)

Name:	Address:	
Phone:	Dates — From:	To:
Title — Starting:	Ending:	
Summarize type of work performed and job responsibilities:		
Immediate supervisor and title:	Reason for leaving:	
May we contact this reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Later

### EMPLOYER #2

Name:	Address:	
Phone:	Dates — From:	To:
Title — Starting:	Ending:	
Summarize type of work performed and job responsibilities:		
Immediate supervisor and title:	Reason for leaving:	
May we contact this reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Later

### EMPLOYER #3

Name:	Address:	
Phone:	Dates Employed — From:	To:
Title — Starting:	Ending:	
Summarize type of work performed and job responsibilities:		
Immediate supervisor and title:	Reason for leaving:	
May we contact this reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Later

### EMPLOYER #4

Name:	Address:	
Phone:	Dates — From:	To:
Title — Starting:	Ending:	
Summarize type of work performed and job responsibilities:		
Immediate supervisor and title:	Reason for leaving:	
May we contact this reference?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Later

**COMMENTS (INCLUDING GAPS IN EMPLOYMENT):**

## Skills and Qualifications

Summarize any special training skills (computer), licenses (M.A., M.D.) and/or certificates (CPR, BLSC) that may qualify you as being able to perform job-related functions in the position for which you are applying:

## Educational Background (job-related)

List last three (3) schools attended, starting with most recent.

School (name and address)	Years Attended	Degree/Diploma Received (Y or N)	GPA	Major (college)	Minor(College)

## References

List names and telephone numbers of three business/work references who are NOT related to you and who are NOT previous supervisors. If not applicable, list three unrelated personal references.

Name	Phone#	Years Known

## Additional Information

List professional trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc. Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other protected status.

- 1.
- 2.
- 3.
- 4.

List any additional information you would like us to consider

## **Applicant Statement**

I certify that all information provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only **30 days**. At the end of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

Hurt Family Health Clinic, Inc. is an at-will employer and if I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

<p><b>DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.</b></p> <p><b>I certify that I have read, fully understand, and accept all terms of the foregoing Applicant Statement. By signing this application form, I do hereby give my consent to allow Hurtt Family Health Clinic, Inc. to conduct a pre-employment background reference check and credit check.</b></p> <p><b>Signature of Applicant</b> <span style="float: right;"><b>Date</b></span></p>
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