



**Employment Application**

Date:		
Name:		
Address:		
City:	State:	Zip:
Primary Phone:		
Email Address:		
Social Security Number (SSN):		
Date Available to Start:		
Position(s) applied for:		
Desired Salary:		
Are you under the age of 18?	Yes	No
Are you authorized to work in the US?	Yes	No
Desired Employment: Full Time   Part Time   Temporary   Intern   Volunteer		
Have you applied with AHS Family Health Center before?		
Have you ever worked for AHS Family Health Center?	Yes	No
If yes, please provide dates of employment From:   /   /   To:   /   /		
Will you be willing to travel, if position requires?		
If the position that you are applying for requires you to use your own vehicle, will you be able to provide proof of insurance?		
Drivers License Number:		



**Previous Employment**

Employer:	From:    /    /
	To:       /    /
	Pay Rate:
Address:	
Phone Number:	
Job Title:	
Supervisor and Title:	
May we contact this employer? Yes    No    Supervisor phone number:	
Duties:	
Reason for leaving:	

Employer:	From:    /    /
	To:       /    /
	Pay Rate:
Address:	
Phone Number:	
Job Title:	
Supervisor and Title:	
May we contact this employer? Yes    No    Supervisor phone number:	
Duties:	
Reason for leaving:	

Employer:	From:    /    /
	To:       /    /
	Pay Rate:
Address:	
Phone Number:	
Job Title:	
Supervisor and Title:	
May we contact this employer? Yes    No    Supervisor phone number:	
Duties:	
Reason for leaving:	



<b>Skills and Qualifications</b>			
<i>Special training, languages you speak, read or write, licenses and/or Certificates</i>			
<b>Education</b>			
School	Years Completed	Degree/Diploma	GPA
<b>References</b>			
<i>List name and telephone number of three business/work references that are NOT related to you. If not applicable, list three school or personal references that are not related to you.</i>			
Name	Phone Number	Years Known	
<b>Additional Information</b>			
<i>List professional, trade, business, or civic associations and any offices held.</i>			
Organization	Position Held		
<b>List special accomplishments, publications, awards, etc.</b>			
<b>List any additional information you would like for us to know.</b>			



I understand that if I am employed, any misrepresentation or material omission made find me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer service.

I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives from seeking, gathering and using such information and all other persons corporations or organizations for furnishing such information.

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

This application is current for only 60 days. At the conclusion of this time if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

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 or definite duration I understand that no representative of the employer other than an authorized officer has the authority to make my assurance to the contrary I further understand that such assurance must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the FDA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Date**