



# APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, sex, national origin, age, disability, marital or veteran status, sexual orientation, genetic predisposition or carrier status, or any other legally protected status.

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street/P.O. Box City State Zip Code*

Physical Address: \_\_\_\_\_  
*Street/P.O. Box City State Zip Code*

Telephone Number(s): ( ) \_\_\_\_\_ Cell Phone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you 18 years of age or older?  YES  NO If not, state your age: \_\_\_\_\_

Do you have the legal right to work and remain in the U.S.?  YES  NO

Have you ever been convicted of a crime?  YES  NO (A "yes" answer will not preclude you from being hired.)

Have you ever been the subject of any findings regarding patient or resident abuse?  YES  NO

Any arrests pending or not yet resolved?  YES  NO

Please state the nature of the finding or conviction, date, and circumstances. \_\_\_\_\_

## TYPE OF WORK DESIRED

Position Applied For: \_\_\_\_\_  Full Time  Part Time  Per Diem  Contract

How did you learn of Community Health Center? \_\_\_\_\_

Date available: \_\_\_\_\_ Are you presently employed?  YES  NO

May we inquire of your present employer?  YES  NO

EDUCATION	NAME AND LOCATION OF SCHOOL	NUMBER OF YEARS COMPLETED	GRADUATED YES OR NO	SUBJECTS STUDIED
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High School: \_\_\_\_\_

College: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

Special certifications, training or skills (BLS, computer, languages, etc.): \_\_\_\_\_

Have you ever used any other name at a former place of employment which would be necessary for us to know if we check for references?  YES  NO If yes, give name: \_\_\_\_\_

**WORK EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

NAME OF EMPLOYER ADDRESS CITY, STATE, ZIP CODE PHONE NUMBER	NAME OF LAST SUPERVISOR	EMPLOYMENT DATES	PAY OR SALARY
		FROM  TO	START  FINAL
	YOUR LAST JOB TITLE		
REASON FOR LEAVING (BE SPECIFIC)			
LIST THE JOBS YOU HELD, DUTIES PERFORMED, SKILLS USED OR LEARNED, ADVANCEMENTS OR PROMOTIONS WHILE YOU WORKED AT THIS COMPANY.			

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REASON FOR LEAVING (BE SPECIFIC)			
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**REFERENCES**

From the list above list three persons, not related to you, with whom you have worked. Include Director, Manager, Supervisor, etc.

NAME	POSITION	COMPANY
ADDRESS		TELEPHONE

NAME	POSITION	COMPANY
ADDRESS		TELEPHONE

NAME	POSITION	COMPANY
ADDRESS		TELEPHONE

I UNDERSTAND THAT I MAY BE REQUIRED TO WORK ANY DAY(S) OF THE WEEK INCLUDING EVENINGS, WEEKENDS, HOLIDAYS AND "ON CALL" ROTATION AS ASSIGNED BY MY SUPERVISOR (EFFORT WILL BE MADE TO ACCOMMODATE SINCERELY HELD RELIGIOUS OBSERVANCES).

I hereby affirm the accuracy of the information contained in this application and authorize Community Health Center to investigate such information. I understand and agree that misrepresentation or omission of any facts called for is cause for dismissal. Employment offers are contingent upon successfully meeting New York State Department of Health, health and immunization requirements, and Federal Office of the Inspector General and the Office of the Medicaid Inspector General corporate compliance programs. I understand a criminal background check will be conducted. This application may require a Federal Bureau of Investigation (FBI) Criminal History Record Check, a New York State Central Register of Child Abuse and Maltreatment Database check. I also understand the agency has the ability to engage in employee drug testing. Except as prohibited by law, the agency has the right to discharge at will.

I agree to and acknowledge the above terms.  YES

I confirm the information submitted online is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_