HOMETOWN HEALTH CENTER

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, gender, gender identity, gender expression, sexual orientation, disability, veteran status, or any other characteristic protected under local, state or federal law.

Name _____
Last First M.I.

Mailing Address _____

Email Address _____

Telephone # _____ Cell Phone # _____

Position Applied For (Note: a separate application is required for each position posted)

_____

How did you hear of the position? _____

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree/ Certification
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade School		Months Attended		
Other Licenses or Certifications		Length of Program		

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.) From: To:	Address/City/State	Hours per week	Reason for leaving
Type of work performed:				
Name of Supervisor and contact information:				

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Type of work performed:				
Name of Supervisor and contact information:				

Are you presently employed? Yes ☐ No ☐ If so, may we contact your present employer? Yes☐ No☐

If you served in the United States Armed Forces, briefly list the dates, rank, and skills acquired:

Personal Information

Are you able to perform the essential duties of the position you are applying for with or without reasonable accommodation Yes ☐ No ☐

Are you legally authorized to work in the U.S.? Yes ☐ No ☐

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes ☐ No ☐

Please list any unique qualifications:

Please list any special office/software skills:

Please list any other skills:

If hired, when would you be available?

What are your salary requirements?

Certifications, Registrations and Licenses

Certification, Registration or License Type	Document Number	State	Date Issued	Exp. Date	Temporary/ Permanent
					☐ T ☐ P
					☐ T ☐ P
					☐ T ☐ P
					☐ T ☐ P

References (work references are preferred)

NAME	HOW THEY KNOW YOU	EMAIL ADDRESS	PHONE NUMBER

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that Hometown Health Center shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of the Health Center. My employment and compensation can be terminated with or without cause and with or without notice, for any reason not prohibited by law, at the option of either my employer or me, unless I have a written contract stating otherwise.

Signature _____ Date_____