



**APPLICATION FOR EMPLOYMENT**

**POSITION DESIRED** \_\_\_\_\_

Visit our website: [www.hometownhealthcenter.org](http://www.hometownhealthcenter.org)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 No. Street City State Zip

Telephone #: \_\_\_\_\_

How were you informed of the position you are applying for? \_\_\_\_\_

Are you able to prove you are over 18 years of age, or that you have a valid work permit? Yes [ ] No [ ]

Can you provide proof of U. S. Citizenship or legal authorization to live and work in the U. S.? Yes [ ] No [ ]

Are you currently: Licensed Yes [ ] No [ ] Licensure eligible Yes [ ] No [ ] Registered Yes [ ] No [ ] Registry eligible Yes [ ] No [ ]	If licensed or registered: please provide name of state: _____ ID#: _____ Expiration: _____	Area of specialization or major interest: _____
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Are you seeking full-time employment? Yes [ ] No [ ]

What shift(s) are you available: Days [ ] Evenings [ ] Nights [ ] Any [ ]

Days not available: \_\_\_\_\_

Have you been employed by Hometown Health Center previously? Yes [ ] No [ ] If yes, when? \_\_\_\_\_

Have you ever been convicted of a crime (misdemeanor or felony), had a criminal charge filed, or pled nolo contendere to a crime? Yes [ ] No [ ]

If yes, please state the circumstances with regard to each. (Conviction will not necessarily disqualify an applicant from employment.) \_\_\_\_\_

Have you ever been arrested for any crime, which has not yet been adjudicated? Yes [ ] No [ ]

If yes, please state the circumstances. (Arrest or summons will not necessarily disqualify an applicant from employment.) \_\_\_\_\_

Are you physically and mentally capable of performing in a reasonable manner the activities involved in the job for which you have applied with or without reasonable accommodation? Yes [ ] No [ ]

**EDUCATION and/or TRAINING**

Name and address of schools and colleges attended	Attended		Graduate? (yes/no)	Major Subject	Degree or Diploma Awarded
	from	to			

**EMPLOYMENT RECORD – Page 2 -**

Beginning with the most recent, list your last three employers.

If now employed, may we contact your present employer?  
 May we contact previous employers for reference?

Yes [ ] No [ ]  
 Yes [ ] No [ ]

Present Employer:	Address:		Telephone #
Your Job Title:	Employment Dates:	Starting Salary:	Ending Salary:
Specific Duties:	Reason for Leaving:	Supervisor's Name/Title:	
Previous Employer:	Address:		Telephone #
Your Job Title:	Employment Dates:	Starting Salary:	Ending Salary:
Specific Duties:	Reason for Leaving:	Supervisor's Name/Title:	
Next Previous Employer:	Address:		Telephone #
Your Job Title:	Employment Dates:	Starting Salary:	Ending Salary:
Specific Duties:	Reason for Leaving:	Supervisor's Name/Title:	

**Please list other names you used and other states that you have resided.:** \_\_\_\_\_

Were you disciplined at work for any reason during the past year? Yes [ ] No [ ] Was the discipline justified? Yes [ ] No [ ]  
 (As to each occasion that you believe discipline was not justified, please explain on separate sheet of paper and attach to application.)

Please read carefully and sign. 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 policies and procedures of this organization.

I consent to a post offer pre-employment physical examination required by Hometown Health Center and understand that failure to pass them may result in disqualification for employment. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without just cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document or by conduct.

I authorize the employers listed above or references given to provide Hometown Health Center any and all information concerning previous employment. I release all parties from any and all liability for any damages that may result from furnishing such information or reference to Hometown Health Center, as well as from the use or disclosure of such information or reference by the previous employer, or Hometown Health Center or any of their agents, employees as representatives.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature

*Hometown Health Center is an Equal Opportunity Employer*