



Application for Employment

APPLICANT INFORMATION (please print)

Name: First	Last	Middle

Address	Apt. #	City	State	Zip

Telephone Number	Email
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Position(s) Applied For	Date of Application
	/ /

Desired Salary	Date Available
\$	/ /

How did you learn about Community Health Programs?

<input type="checkbox"/> Advertisement- Specify:	<input type="checkbox"/> Employment Agency- Specify:
<input type="checkbox"/> Employee Referral- Employee:	<input type="checkbox"/> Other- Specify:

Have you applied for a position with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently on "lay off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel for work if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally permitted to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Availability : <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> All shifts <input type="checkbox"/> Temporary	

NOTE: Proof of eligibility will be required within three working days of employment.

Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to take drug tests at the company's request?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever gone by a different name than the one listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, please list: First	Last	Middle

EDUCATION

List the last 3 schools attended.

Name of High School	Location

Years Completed	G.P.A.

Diploma obtained? Yes No

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained? Yes No

Name of College	Location

Years Completed	Degree/Major	G.P.A.

Diploma obtained? Yes No

MILITARY SERVICE

Have you ever served in the U.S. military? Yes No

NOTE: If you answered "no" to the above question, please skip the rest of this section.

What was the length of your military service? _____ years , _____ months

What was your rank at time of discharge? _____

What type of training and work experience did you receive while in the military?

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Describe how you most benefited from being in the service:

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Describe how you least benefited from being in the service:

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EMPLOYMENT HISTORY

Employer

Supervisor

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Address

Phone

	() -
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Position Title and Duties

Position:

Duties:

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Starting Date

Ending Date

Starting Pay

Ending Pay

		\$	\$
--	--	----	----

Why did you leave this job?

May we contact this employer? Yes No Later

Employer

Supervisor

--	--

Address

Phone

	() -
--	-------

Position Title and Duties

Position:

Duties:

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Starting Date

Ending Date

Starting Pay

Ending Pay

		\$	\$
--	--	----	----

Why did you leave this job?

May we contact this employer? Yes No Later

Employer

Supervisor

--	--

Address

Phone

	() -
--	-------

Position Title and Duties

Position:

Duties:

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Starting Date

Ending Date

Starting Pay

Ending Pay

		\$	\$
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Why did you leave this job?

May we contact this employer? Yes No Later

REFERENCES (please list a minimum of two previous Supervisors/Managers)

Name	Phone Number	Years Known
	() -	
	() -	
	() -	
	() -	
	() -	
	() -	

ADDITIONAL INFORMATION

You may exclude information which would reveal sex, race, religion, national origin, age, color, disability, sexual orientation or other protected status.

Awards or Honors Received

Professional or Civic Activities

Licenses or Certifications

Do you have any foreign language skills?

Yes No

Specify:

Can you perform all necessary job functions with or without reasonable accommodation?

Yes No

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

APPLICANT'S STATEMENT

APPLICANT'S STATEMENT

I certify that the information provided in this application is true, to the best of my knowledge.

I understand that providing false or misleading information at any time during the application and interview process may lead to refusal to hire or discharge from the Company. If I become employed by the Company, I agree to follow all rules and regulations of the Company as they develop and change.

I allow the Company to conduct investigations on me, my background and my performance, and am aware that such investigations will become a part of my employment record. With this, I authorize the Company to speak with my acquaintances, personal and professional, to gather information about me.

I authorize all former employers and references to provide any information about me to the Company, and release them of liabilities and damages of all kinds for providing this information. I authorize the Company to verify the accuracy of the information within this application. I also authorize the release of my educational transcripts to the Company for education verification purposes.

I release Community Health Programs Inc. from liability for collecting information about me and using it to make employment decisions.

If I become employed by the Company, I understand that the employment relationship will be "at will," and that the "at will" status may not change at any time unless specifically approved, in writing, by the CEO of the Company.

I agree that if I become indebted to the Company, I will be responsible for repaying the total owed upon termination from the Company. If I do not repay the sum prior to my final paycheck being received, the money owed will be deducted from my pay.

This application for employment is valid for the next 90 days. I understand that if I wish to be considered for employment after this period of time, I must apply again.

Signature of Applicant

Date

	/ /
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Equal Employment Opportunity Affirmative Action Voluntary Self-Identification Form

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state or local law. No question on this form is intended to secure information to be used for such discrimination.

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite our employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Date: / /

Applicant Name: _____

Applicant Signature: _____

I understand the reason for this request for voluntary self-identification as stated above and choose to decline.

OR

I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

Gender: Male Female

Race/Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliations or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

If you have any questions regarding this form, please contact the Human Resources Department.

Source: U.S. Equal Employment Opportunity Commission