

# LONG VALLEY HEALTH CENTER

An Equal Opportunity Employer

## Employment Application

**NOTICE TO APPLICANTS:** Screening tests for alcohol and illegal drug use may be required before hiring and during your employment here.

Please Print

Date\_\_\_\_\_

Name\_\_\_\_\_

Last                                      First                                      Middle

Business Telephone (\_\_\_\_)\_\_\_\_\_ Home Telephone (\_\_\_\_)\_\_\_\_\_

Cell Telephone (\_\_\_\_)\_\_\_\_\_ email address: \_\_\_\_\_

Mailing Address \_\_\_\_\_

No.              Street                                      City                                      State                                      Zip

Permanent Address if different from present address

\_\_\_\_\_

No.              Street                                      City                                      State                                      Zip

Any other names used? \_\_\_\_\_

Preferred method of contact:\_\_\_\_\_

### Employment Desired

Position applying for: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Are you applying for:

Regular full-time work?      Yes\_\_\_ No\_\_\_

Regular part-time work?      Yes\_\_\_ No\_\_\_

Temporary work, e.g., summer or holiday work?      Yes\_\_\_ No\_\_\_

What days and hours are you available for work?\_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From\_\_\_\_\_

Are you available to work overtime, if necessary?      Yes\_\_\_ No\_\_\_

If hired, on what date can you start work?\_\_\_\_\_

Salary desired?\_\_\_\_\_

(more)

**Personal Information**

Have you ever applied to or worked for Long Valley Health Center before? ..... Yes\_\_\_ No\_\_\_

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for Long Valley Health Center? ..... Yes\_\_\_ No\_\_\_

If yes, state name(s) and relationship \_\_\_\_\_

Why are you applying for work at Long Valley Health Center? \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? ..... Yes\_\_\_ No\_\_\_

Are you at least 18 years old? ..... Yes\_\_\_ No\_\_\_  
(If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, can you present evidence of your U.S. citizenship or proof of your legal right  
to live and work in this country? ..... Yes\_\_\_ No\_\_\_

Are you able to perform the essential functions of the job for which you are applying? ..... Yes\_\_\_ No\_\_\_

If no, describe the functions that cannot be performed. \_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be  
necessary for eligible applicants/employees to perform essential functions.)

Are you able to perform all other duties of the job for which you are applying? ..... Yes\_\_\_ No\_\_\_

If no, describe the functions that cannot be performed. \_\_\_\_\_

(Note: Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for  
marijuana-related offenses that are more than two years old need not be listed.) ..... Yes\_\_\_ No\_\_\_

If yes, state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense.  
The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the  
offense to the position(s) applied for may, however, be considered.)

Are you currently employed? ..... Yes\_\_\_ No\_\_\_

If so, may we contact your current employer? ..... Yes\_\_\_ No\_\_\_

(more)

**Education, Training and Experience**

School	Name and Address	No. of years Completed	Did you Graduate?	Degree or Diploma
High School				
College/ University				
Vocational/ Business				
Health Care				

Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? ..... Yes\_\_\_ No\_\_\_

If yes, which language(s)? \_\_\_\_\_

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Long Valley Health Center? If so, please explain.

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**Answer the following questions if you are applying for a professional position**

Are you licensed/certified for the job applied for? ..... Yes\_\_\_ No\_\_\_

Name of license/certification \_\_\_\_\_

Issuing state \_\_\_\_\_

License/certification number \_\_\_\_\_

Has your license/certification ever been revoked or suspended? ..... Yes\_\_\_ No\_\_\_

If yes, state reason(s), date of revocation or suspension and date of reinstatement. \_\_\_\_\_

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**Employment History**

**List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.**

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(more)

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: Attach additional page(s) if necessary.

(more)

**Military Service**

Have you obtained any special skills or abilities as the result of service in the military? ... Yes\_\_\_ No\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

**List below three persons not related to you who have knowledge of your work performance within the last three years.**

Name \_\_\_\_\_

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

Occupation \_\_\_\_\_

Telephone No.( \_\_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

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

Occupation \_\_\_\_\_

Telephone No.( \_\_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

Name \_\_\_\_\_

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

Occupation \_\_\_\_\_

Telephone No.( \_\_\_\_\_ ) \_\_\_\_\_ Number of Years Acquainted \_\_\_\_\_

(more)

**Please Read Carefully, Initial Each Paragraph and Sign Below**

- \_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- \_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- \_\_\_\_\_ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes that cannot be resolved by informal internal resolution which might arise out of my employment with the company, whether during or after that employment, will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. This application contains the entire agreement between the parties with regard to dispute resolution and, there are no other agreements as to dispute resolution, either oral or written.
- \_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.
- \_\_\_\_\_ I understand that I will be required to pass a drug test, before a final offer of employment is made. By signing my name below, I consent to this procedure.

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