

APPLICATION FOR EMPLOYMENT

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

Last Name:	First Name:	Middle Name:
Address:	City:	State/ Zip Code:
Telephone Numbers(s): Daytime:		Evening:
Today's Date:		
Position applying for:		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever been employed with UCHC before? Yes No
 If YES, give the date(s). _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

Are you available to work? full time evenings days
 part time nights weekends

Do you have reliable transportation? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
 If YES, please explain: _____

Continue on next page

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Schools	School Name And Location	Years Completed	Graduated		Diploma/Degree Received	Describe Course of Study
			Yes	No		
High School						
Undergrad. College/ University						
Graduate/ Professional						
Other (Specify)						

Professional Registration, Licensure, Accreditation or Certification

State	Registration Number	Date of Expiration	Type

Describe any specialized training, apprenticeship, skills, and extra-curricular activities:

Describe any honors you may have received: _____

Military Service

Branch of Service:	Active Duty Dates:	Service Schools:
Specialized Training:		

Indicate any Foreign Languages You Can Speak, Read and/or Write

	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT EXPERIENCE

Start with your most recent employer. Include any job-related military service assignments and volunteer activities.

Employer:		Supervisor:	
Address:	Dates Employed From To		Work Performed:
Telephone Number(s):			
Job Title:	Hourly Rate/Salary Starting Final		
Reason for Leaving:			

Employer:		Supervisor:	
Address:	Dates Employed From To		Work Performed:
Telephone Number(s):			
Job Title:	Hourly Rate/Salary Starting Final		
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Employer:		Supervisor:	
Address:	Dates Employed From To		Work Performed:
Telephone Number(s):			
Job Title:	Hourly Rate/Salary Starting Final		
Reason for Leaving:			

Please attach additional sheet if space is needed.

ADDITIONAL INFORMATION

Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience:

<u>Specialized Skills</u>		<u>Check Skills/Equipment Operated</u>	
<input type="checkbox"/> Multi-line telephone	<input type="checkbox"/>	<input type="checkbox"/> Fax	Other (list)
<input type="checkbox"/> PC	<input type="checkbox"/>	<input type="checkbox"/> MIP	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/>	<input type="checkbox"/> Healthpro	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/>	<input type="checkbox"/> Microsoft Word	_____

Please list the computer software package used: _____

State any additional information you feel may be helpful to us in considering your application:

References:

Give name, address, and telephone number of three references that are not related to you and are not previous employers. **(Please give complete addresses and phone numbers.)**

Name:	Phone Number:
Address:	

Name:	Phone Number:
Address:	

Name:	Phone Number:
Address:	

List professional, trade, business or civic activities and offices held.

You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status. _____

APPLICANTS STATEMENT:

I understand that this is an application for employment and that no employment contract is being offered at this time. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, immediate termination of employment.

It is my understanding that the health center will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related paper, or interviews. I authorize such investigation and the giving and receiving of any information requested by the health center and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to disciplinary action or dismissal.

I understand that I must be able to perform the position tasks for which I've applied. I must complete a pre-placement physical assessment completed by a Registered Nurse. Also, if employed, I must complete future physical examinations/assessments as required by the health center. I authorize any physician or hospital to release any information verbally or in writing, which may be necessary to determine my abilities to satisfactorily perform the job duties I am applying for are employed therein.

I further agree that if employed, I will serve the health center to the best of my capabilities and abide by the established policies. I understand that if I do not, I may be subject to disciplinary action and/or dismissal.

Applicant's Signature: _____

Date: _____