

Application for Employment



Date: _____

Scenic Bluffs Community Health Centers is an Equal Opportunity Employer and does not discriminate against any individual in any phase of employment in accordance with requirements of local, state and federal laws.

PERSONAL INFORMATION

Name: _____ Social Security No. _____

Present Address: _____
Address City State Zip

Email Address: _____

Home Phone No: () _____ Alternate Phone No: () _____

EMPLOYMENT INFORMATION

If hired, can you submit verification of your legal right to work in the United States? YES NO

Position Desired _____ Second Choice _____

Date you can start _____ Salary Expectation _____

Do you desire: Full Time Part Time On Call Temporary (specific dates available) _____

Are you willing to work- Weekends: Yes No Holidays: Yes No Days: Yes No Nights: Yes No

EMPLOYMENT EXPERIENCE

List names and addresses where you were employed during the last 5 years. Please begin with the most current.

****You must include the complete address including street, city, state, zip code and phone number****

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

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

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

EDUCATION

Type of School Attended	School name and location	Did you graduate YES/ NO	Grade point average	Diploma/ Degree	Major Course of Study
High School: Circle highest grade completed 9 10 11 12					
Technical or Vocational					
College or University					
Graduate School					
Current Licenses / CPR status/ Other					

SPECIAL SKILLS AND QUALIFICATIONS

Foreign Language spoken _____

***Please note that previous employer information provided may be used and the applicant's prior employers may be contacted to investigate the applicant's background.**

Have you ever been convicted of any felonies? Yes No If yes, please be prepared to explain.

(Conviction of a felony will not automatically disqualify you from employment.)

"This certifies that the application was completed by me, and that all entries on it and information contained in it are true and complete to the best of my knowledge. I understand that if I am employed, false statements may result in dismissal. I authorize Scenic Bluffs Community Health Centers to make an investigation of any of the facts set forth in this application."

All offers of employment are conditional upon satisfactory reference checks.

Applicant's Signature

Date