

Employment Application

Personal Information

Date:		Social Security Number:	
Last Name:		First Name:	Middle Initial:
Have you ever been employed under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what other names have you been known by?			
Present Address:			
Phone Number:			
If hired, can you provide proof of identity and legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any relatives working for AVMC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who are your relatives?			
How did you hear about job opportunities at AVMC?			
Have you ever been convicted of a crime? (Conviction of a crime is not an automatic disqualification to employment we will consider all relevant facts and circumstances surrounding the conviction.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give dates, charge, city and state, county, type of conviction and sentence.			

Company Experience

Have you ever worked for Apple Valley Medical Clinic before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what dates were you employed? If yes, why did you leave?
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Work Desired

For which position are you applying?			
Professional License and Certification			
License Number	Type	Expiration date	Status
Desired rate of pay:		Date available to start:	
Type of employment desired: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> On call <input type="checkbox"/> Temporary			

Education Background

Type of School	Name and City	Did you Graduate?	Course or Major
College			
Technical School			
High School			
Other			

Employment History

List all current and previous employers starting with the most current employer. Use additional sheets if necessary.

Company Name		Dates Worked		Position(s) Held
Address, City, State Zip		From	To	
Phone No.		Duties / Responsibilities		
Type of Business				
Name of Supervisor		Reason for leaving		
Starting Wage \$	Ending Wage \$	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this time		
Company Name		Dates Worked		Position(s) Held
Address, City, State Zip		From	To	
Phone No.		Duties / Responsibilities		
Type of Business				
Name of Supervisor		Reason for leaving		
Starting Wage \$	Ending Wage \$	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this time		
Company Name		Dates Worked		Position(s) Held
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Phone No.		Duties / Responsibilities		
Type of Business				
Name of Supervisor		Reason for leaving		
Starting Wage \$	Ending Wage \$	May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not at this time		

Special Skills: Enter any skills, such as foreign languages, educational courses or workshops, which may be relevant to your application: (For RNs and LPNs, please list specialty training such as CPR, BLS, etc.)

Work References

Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Work Phone
Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Work Phone
Name	Years Known	Relationship and Title		
Company				
Work Address	City	State	Home Phone	Work Phone

Application Acknowledgment
Please read before signing.

In submitting this application, I understand that omissions or false statements may disqualify me for employment or cause my subsequent dismissal. I authorize investigation of all statements contained in this application. I understand and agree that any offer of employment is contingent upon successful completion of a post job offer health assessment and other background checks applicable to the health care industry, and that my employment may also be contingent upon successful completion of a criminal background investigation.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the company and me for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time for any reason or no reason, and the company retains the same right regarding the discontinuation of my employment.

I have carefully read the above Application Acknowledgement, and I understand and agree to all statements. I also certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief.

Applicant Signature

Date