



APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position applied for: _____ Date of application: _____

Name: _____
Last First Middle

Social Security #: _____ - _____ - _____ Driver's Lic. # _____ State: _____

Primary Address: _____ Primary Method of Contact: _____

Have you ever been employed by Innis Community Health Center Inc.? (Circle) **Yes** **No**

If answered Yes, give dates and positions: _____

Are you legally eligible for employment here in United States? (Circle) **Yes** **No**

Date available for work: _____ What is desired salary range: \$ _____ /per hr.

Type of employment desired: **Circle:** Full-time Part-time Temporary

Are you able to perform the essential functions of the job for which you are applying (with or without accommodations)?

(This question is no designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodations, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law)

(Circle) **Yes** **No** or **Need for information about the job's functions to respond**

Answering "yes" to either of the following questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded "guilty" or "no contest" to or been convicted of a crime? (Circle) **Yes** **No**

If "Yes" please provide date and details: _____

Skills & Qualifications: Summarize any special training skills, licenses, and /or certifications that may assist you in performing the position for which you are applying:

Computer Skills: (circle all that apply to your experience in performing)

Word Processing: Microsoft Office Software: Yes No
 Internet/E-Mail experience with various servers i.e. g-mail, yahoo etc. Yes No
 Excel software: Yes No
 Electronic Medical records: Yes No
 Power Point software: Yes No
 Other:

Educational Background: Starting with most recent attended school attended provide the following:

School Name (Include City/State)	Year completed	Completed (circle)		Major
		Diploma Degree	GED Certification	
		Diploma Degree	GED Certification	
		Diploma Degree	GED Certification	
		Diploma Degree	GED Certification	

References: List name telephone number, of three (3) businesses/work references who are not related to you and not previous supervisors

Name	Title	Relationship to You	Telephone	Number of Years known

Employment History:

Starting with the Most recent employer, provide the following information:

Employer Telephone # Job Title

Street Address City State

Dates employed Month / Year to Month/Year Hourly Rate: _____ Full- time (ⓈCircle) Yes No
Other : _____

Immediate supervisor: _____ Type of work performed: _____

Why did you leave ? _____

Employer Telephone # Job Title

Street Address City State

Dates employed Month / Year to Month/Year Hourly Rate: _____ Full- time (ⓈCircle) Yes No
Other : _____

Immediate supervisor: _____ Type of work performed: _____

Why did you leave ? _____

Employer Telephone # Job Title

Street Address City State

Dates employed Month / Year to Month/Year Hourly Rate: _____ Full- time (ⓈCircle) Yes No
Other : _____

Immediate supervisor: _____ Type of work performed: _____

Why did you leave ? _____

Applicant Statement:

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Executive Director.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to eliminate me from further consideration for employment, or may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement

Signature of Applicant _____ Date _____