



# Community Health Services

Your Partners for Better Health

## EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers Home \_\_\_\_\_ Business \_\_\_\_\_

Previous Address \_\_\_\_\_

Position applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date available for employment \_\_\_\_\_ Would you accept another position? \_\_\_yes \_\_\_no

### Are You Willing to Work:

Yes No

Overtime (over 40 hrs. / wk.) \_\_\_\_\_

On call \_\_\_\_\_

Evenings \_\_\_\_\_

Weekends \_\_\_\_\_

Travel \_\_\_\_\_

### Indicate Applicable Work Skills:

Typing \_\_\_\_\_ WPM

Computer \_\_\_\_\_ (system)

Transcription \_\_\_yes \_\_\_no

Other job related skills \_\_\_\_\_

Are you bilingual? \_\_\_yes \_\_\_no

How were you referred to Community Health Services (CHS)? \_\_\_\_\_

Do you have any relatives currently employed by CHS or serving on the CHS Board of Directors? \_\_\_yes \_\_\_no

Name of relative \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been employed by this organization? \_\_\_yes \_\_\_no

If yes, position: \_\_\_\_\_ department \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Are you a US citizen? \_\_\_yes \_\_\_no (Have you a legal right to work in the US?) \_\_\_yes \_\_\_no

Are you older than 18 and less than 70? \_\_\_yes \_\_\_no If no, please specify age \_\_\_\_\_

Do you have any physical defects or impediments which might, in any way, hinder your ability to perform the job for which you have applied? \_\_\_yes \_\_\_no If yes, please explain \_\_\_\_\_

Since reaching age 18, have you ever been convicted of a misdemeanor or felony?

\_\_\_yes \_\_\_no If yes, please explain \_\_\_\_\_

Military service? \_\_\_yes \_\_\_no If yes, from \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_ Rank \_\_\_\_\_

In an emergency, notify: Name \_\_\_\_\_

Address \_\_\_\_\_

**EDUCATION**

**High School Name** \_\_\_\_\_  
Address \_\_\_\_\_  
Course of Study \_\_\_\_\_ Circle last year completed 1 2 3 4  
Did you graduate? \_\_\_yes \_\_\_no Diploma / Degree \_\_\_\_\_

**College Name** \_\_\_\_\_  
Address \_\_\_\_\_  
Course of Study \_\_\_\_\_ Circle last year completed 1 2 3 4  
Did you graduate? \_\_\_yes \_\_\_no Diploma / Degree \_\_\_\_\_

**College Name** \_\_\_\_\_  
Address \_\_\_\_\_  
Course of Study \_\_\_\_\_ Circle last year completed 1 2 3 4  
Did you graduate? \_\_\_yes \_\_\_no Diploma / Degree \_\_\_\_\_

**Technical, Business or Professional** \_\_\_\_\_  
Address \_\_\_\_\_  
Course of Study \_\_\_\_\_ Circle last year completed 1 2 3 4  
Did you graduate? \_\_\_yes \_\_\_no Diploma / Degree \_\_\_\_\_

**PROFESSIONAL LICENSES / CERTIFICATIONS**

Type \_\_\_\_\_  
State \_\_\_\_\_ Exp. Date \_\_\_\_\_ Registration No. \_\_\_\_\_

**PREVIOUS EMPLOYMENT** Please list name, address and phone number of previous employers with the most recent employer first. Periods of unemployment should be included.

Employer Name \_\_\_\_\_ Employer Telephone \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Job Title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Last Salary (hourly, monthly or yearly) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Employer Telephone \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Job Title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_ Last Salary (hourly, monthly or yearly) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**PREVIOUS EMPLOYMENT** (continued)

Employer Name \_\_\_\_\_ Employer Telephone \_\_\_\_\_

Employer Address \_\_\_\_\_

Job Title \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Last Salary (hourly, monthly or yearly) \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

May we run an employment check from the employers listed above? \_\_\_\_ yes \_\_\_\_ no

Has notice been given to present employer? \_\_\_\_yes \_\_\_\_no Is there any additional information relative to change in name necessary to check your work history? \_\_\_\_ yes \_\_\_\_ no

If yes, please explain \_\_\_\_\_

**REFERENCES**

Please list references (not relatives or current employers) to contact who are acquainted with your work.

Name of Reference \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Reference \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Reference \_\_\_\_\_

Company \_\_\_\_\_ Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Occupation \_\_\_\_\_

**COMMENTS**

Make any additional comments you feel are pertinent to your application \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION**

I authorize you, at the time of my application for employment or during the course of my employment, to obtain information from any source as to my education, experience, competence, character, and/or medical history, as relates to the position for which I applied or in which I may be employed, unless otherwise stated.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and belief. I understand that any falsification or omissions of information may cause rejection of this application or my immediate dismissal. I agree that all statements made in this application may be investigated.

I also understand that I may be required to successfully complete a medical exam for initial and continued employment.

I further understand that in the event I am employed, such employment is at will. Neither I nor the employer have agreed on any specific period of employment nor any specific pay or benefits unless otherwise set forth in a separate contract.

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Signature

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Date