



EMPLOYMENT APPLICATION

PATIENT NAME (PLEASE PRINT) _____

SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS – CITY, STATE & ZIP _____

HOME PHONE NUMBER _____

BUSINESS PHONE NUMBER _____

PREVIOUS ADDRESS – CITY, STATE & ZIP _____

POSITION APPLIED FOR SALARY DESIRED _____

DATE AVAILABLE FOR EMPLOYMENT _____

Would you accept another position? YES NO

ARE YOU WILLING TO WORK:

Overtime (over 40 hrs. / wk.) YES NO
 On call YES NO
 Evenings YES NO
 Weekends YES NO
 Travel YES NO

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 _____

DATES _____

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 AND ADDRESS (PLEASE PRINT) _____



EDUCATION

HIGH SCHOOL NAME

ADDRESS

Circle last year completed 1 2 3 4

COURSE OF STUDY

DID YOU GRADUATE? YES NO

DIPLOMA / DEGREE

COLLEGE NAME

ADDRESS

Circle last year completed 1 2 3 4

COURSE OF STUDY

DID YOU GRADUATE? YES NO

DIPLOMA / DEGREE

COLLEGE NAME

ADDRESS

Circle last year completed 1 2 3 4

COURSE OF STUDY

DID YOU GRADUATE? YES NO

DIPLOMA / DEGREE

TECHNICAL, BUSINESS OR PROFESSIONAL

ADDRESS

Circle last year completed 1 2 3 4

COURSE OF STUDY

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

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.

SIGNATURE

DATE