

# FAMILY FIRST HEALTH

## Employment Application

Please read carefully, print or type clearly, and complete in full

Date: \_\_\_\_\_

Last Name	First	Middle Initial	Social Security Number
Address (Number & Street, Apt. or Box No.)	City	State	Zip
Telephone Number ( )			If no telephone, how may we contact you?

Are you 18 years of age or older:  Yes  No

If no, can you provide required proof of your eligibility to work?  Yes  No

Are you legally eligible to be employed in the United States?  Yes  No

(Proof of identity and eligibility will be required upon employment)

Position or type of work desired (in order of preference)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Seeking: Number in order of preference

\_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary

Shift: Number in order of preference

\_\_\_\_\_ Day \_\_\_\_\_ Evening \_\_\_\_\_ Rotating

Hours available:

MON \_\_\_\_\_ TUES \_\_\_\_\_ WED \_\_\_\_\_ THURS \_\_\_\_\_ FRI \_\_\_\_\_  
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**NOTE:** Work schedules are based upon the needs of the business and may be subject to change on a weekly basis.

Date available to start:	Presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list any languages in which you are fluent:

Previously employed by Family First Health or any satellite office of the same?  Yes  No

If yes, list duties, positions held, departments worked in, and your name then, if different, and last date worked:

How were you referred to us for employment?

\_\_\_\_\_ Friend \_\_\_\_\_ Newspaper Advertisement \_\_\_\_\_ Online \_\_\_\_\_ Other (please explain)

**WORK EXPERIENCE** (Begin with present or most recent employer) Name under which previously employed, if different  
 May we contact your present employer?  Yes  No \_\_\_\_\_

1. Name of employer	Complete address (include zip code)	Telephone No. ( )
From _____ to _____ mo/yr mo/yr	Salary \$_____ per _____	Name and title of supervisor
Your job title	Describe major duties	

**Reason for leaving**

2. Name of employer	Complete address (include zip code)	Telephone No. ( )
From _____ to _____ mo/yr mo/yr	Salary \$_____ per _____	Name and title of supervisor
Your job title	Describe major duties	

**Reason for leaving**

3. Name of employer	Complete address (include zip code)	Telephone No. ( )
From _____ to _____ mo/yr mo/yr	Salary \$_____ per _____	Name and title of supervisor
Your job title	describe major duties	

**Reason for leaving**

If more than 3 previous employers, list others below:

Employment Dates	Company name and address (include zip code)	Position or type of work	Reason for leaving
From _____ to _____ mo/yr mo/yr	4.		
From _____ to _____ mo/yr mo/yr	5.		
From _____ to _____ mo/yr mo/yr	6.		

Have you ever been discharged from any employment or asked to resign?  Yes  No

If yes, please explain:

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**EDUCATION**

Name	Complete mailing address	Major course or subject	Scholastic average	Degree/Graduated
High School or its Equivalent				Graduated or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
Business				Degree Earned
College				Degree Earned
Graduate Work				Degree Earned
Other				Degree/Certificate Earned

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**OTHER QUALIFICATIONS AND SKILLS:** Check area(s) in which you have basic skills

\_\_\_ Data entry – W.P.M. \_\_\_\_\_

\_\_\_ Word processing – type: \_\_\_\_\_

\_\_\_ Spreadsheet – type: \_\_\_\_\_

\_\_\_ Other (Please specify): \_\_\_\_\_

List your special qualifications, skills, accomplishments or community activities (some examples are: scholastic honors, offices held and activities in high school and college, skills with machines, public speaking and writing experience, volunteer experience.) **Do not** list any organization that would reveal race, creed, religion, national origin, physical handicap, marital status, or ancestry.

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**PROFESSIONAL ORGANIZATIONS**

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Professional Licenses/Certifications	State Issued	Number	Date Issued	Renewal Date
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Have you ever been convicted of a crime other than minor traffic violations? Please list all violations of the law, no matter how minor they seem to you.

\_\_\_ Yes \_\_\_ No      If yes, state offense, date, and location:

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Please note that a conviction record will not necessarily prevent employment by Family First Health.

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**REFERENCES:** (Please list only individuals familiar with your professional skills or work abilities.)

Name of Reference	Complete Mailing Address (include Zip Code)	Telephone No.	Occupation
1.		( )	
2.		( )	

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**APPLICANT'S STATEMENT**  
(Please read before signing)

Family First Health is an equal opportunity employer and does not discriminate against employees or job applicants on the basis of race, religion, color, sex, age, national origin, sexual orientation, handicap, veteran or family status or any other status or condition protected under applicable state or federal laws, except where a bona fide occupational qualification applies.

I understand that if employed by Family First Health, my employment will be at-will, and not for a set period of time and may be terminated by me or Family First Health at any time without notice or reason or cause. I understand that nothing will change the at-will status of my employment other than the execution of a written agreement signed by me and an authorized representative of Family First Health, that expressly changes the at-will status.

I certify that the information provided on this application (and accompanying documents, if any) is true and complete to the best of my knowledge. I agree that falsified information or significant omission may disqualify me from further consideration of employment, and, if employed, may result in termination.

I authorize Family First Health to investigate all statements contained in this application (and accompanying documentation, if any) and to make inquiries as may be necessary in determining an employment decision. I hereby release employers, schools or persons from any liability in responding truthfully to inquiries to my application for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date