

# Ben Archer Health Center

## EMPLOYMENT APPLICATION with Attached Resume or CV.

An Equal Opportunity Employer

Please complete application using black ink.

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

Name: \_\_\_\_\_  
Last First Middle

Other names you have been know by, if any: \_\_\_\_\_

It is the policy of Ben Archer Health Center to afford equal opportunity to all employees and applicants for employment regardless of race, religion, color, sex, age and national origin as well as individuals with disabilities, special disabled veterans and Vietnam-era veterans.

You may attach to this application additional information, which you feel will be helpful in evaluating your qualifications. This application and accompanying resume and/or accompanying documents, if any, will become part of your personnel file should you be employed.

### PERSONAL

### Email Address:

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are you under 18 years of age? \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Cell Phone ( ) \_\_\_\_\_  
Bus. Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
No. Street City State Zip Area Code

Do you speak English? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you speak Spanish? \_\_\_\_\_ Yes \_\_\_\_\_ No

### POSITION DESIRED

Type of position desired \_\_\_\_\_ # of Hours per Week Desired \_\_\_\_\_

Salary Desired \_\_\_\_\_

Location preference \_\_\_\_\_ Important? \_\_\_\_\_ If so, why \_\_\_\_\_

How were you referred to Ben Archer Health Center? \_\_\_\_\_  
If advertisement or agency, please give source. If an employee referred you, please give employee's name.

When are you available to begin employment? \_\_\_\_\_

Please list all license & certifications, applicable grantee, state and numbers.

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

U.S. MILITARY SERVICE  NO  YES

Branch of Service \_\_\_\_\_ Date entered \_\_\_\_\_ Date discharged \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

Field or specialization \_\_\_\_\_

Brief description of job duties in the service \_\_\_\_\_

Special training or awards \_\_\_\_\_

## EMPLOYMENT HISTORY:

Name and Address of Employer	From	To	Job Title	Reason for Leaving

## WORK RELATED EMPLOYMENT REFERENCES:

Attach three letters of professional references.

Please list three persons whom we can contact who are able to evaluate your professional knowledge skills and abilities and Work performance.

Name			
Title			
Company			
Address			
Email Address			
Phone No.			

May we contact your present supervisor/employer?     NO     YES

May we contact your previous employer?     NO     YES

Please list name(s) of relatives employed by Ben Archer Health Center.

Name Location

### SECURITY/SAFETY

#### **Background Clearance:**

Attach a copy of a letter of certification of a Background Clearance to this application.

#### **Identification:**

Attach a copy of driver license and social security card to this application.

#### **Convictions:**

Have you been convicted of an offense against the law, or forfeited collateral, or are you now under charges for any offense against the law? Include any conviction by general court-martial while in military service. (You may omit: (a) traffic violations for which you paid a fine of \$400.00 or less, and (b) any offense committed before your 18<sup>th</sup> birthday which was finally adjudicated in a juvenile court or under a youth offender law.) Include all instances where *nolo contendere* was plead, where bail was forfeited, and where a fine was paid. (Convictions are not an absolute bar to employment.)

Write YES or NO \_\_\_\_\_ If Yes, give date, place, charge and disposition here or on a separate page. \_\_\_\_\_

### UNITED STATES IMMIGRATION AND REFORM ACT OF 1986

In accordance with the United States Immigration Reform and Control Act of 1986, all applicants for employment must answer the following:

Are you able to demonstrate that you are a United States citizen or that you have the legal right to remain permanently and to be employed for an indefinite period in the United States?     YES     NO

If NO, what is your current visa status? \_\_\_\_\_

NOTE: If you are hired, you will be required to comply with the verification provisions of the Immigration Act as a condition of employment.

**PLEASE READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING:**

The Fair Credit Reporting Act (Public Law 91-588) requires that we advise you that a routine inquiry may be made into your credit history. If a Consumer Reporting Agency is engaged in the investigation, information relevant to the nature and scope of the inquiry if one is made, will be provided to you upon your written request.

Federal Law and several states' laws prohibit employers to require or administer a lie-detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal and civil liability, Ben Archer Health Center does not require or administer a lie-detector test as a condition of employment or continued employment

Rules and regulations governing employment procedures, record retention and the classification of certain groups as protected classes under the law will change depending on a variety of local and state laws. It is Ben Archer Health Center's intent to comply with federal law as well as the state and local laws where we do business. The more stringent law will be in effect.

I authorize my current employer, past employers, educational institutions, and individuals and organizations (including credit bureaus and law enforcement agencies) named (or referred to) in this application (and accompanying documents) to provide Ben Archer references upon request of Ben Archer Health Center, in order to assist Ben Archer Health Center in deciding whether or not to employ me. I hereby release references from any liability, damages, causes of actions, complaints or charges concerning the giving and receiving of such references, information or opinions relate to my employment.

**I understand that any employment offer is contingent upon:**

- Furnishing proof of employment eligibility; and
- Ability to obtain and provide written evidence of a Background Clearance.
- Satisfying Company medical standards. Such medical standards may include, but will not be limited to: a screening for the presence of illegal or unauthorized drugs in my system; and a statement of good health from a physician indicating ability to perform job duties or a physician statement indicating inability to perform job duties. A positive test for drugs, other than prescribed by my physician, will constitute grounds for withdrawal of the Company's employment offer. Medical Records to include TB Test, tetanus shot, immunization for Hepatitis A and B and MMR.

**I understand** that, if employed, I will be bound by all Ben Archer Health Center policies, practices, work rules and regulations, the terms and conditions of which may be changed without notice to me. I further understand that my employment is for no definite period of time and is terminable at will by the Company of myself with or without cause or notice.

I hereby affirm that the information provided on this application (and accompanying resume and/or other accompanying documents) is true and complete to the best of my knowledge. I agree that any falsified or misrepresented information, any misinformation, or any significant omissions may disqualify me from further consideration for employment, and if I am hired, may be considered justification for discharge upon discovery.

**I have attached the following items:**

- |   |  |
|---|--|
| <input type="checkbox"/> Resume or CV           | <input type="checkbox"/> Three Letters of Professional Reference |
| <input type="checkbox"/> Copy of License        | <input type="checkbox"/> Copy of Social Security Card            |
| <input type="checkbox"/> Copy of Driver License | <input type="checkbox"/> Copy of Background Clearance            |

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (in ink)

Revised 10/05